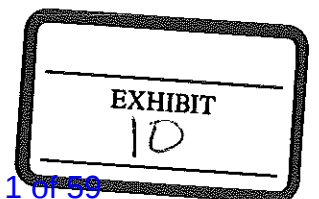


Dr. Myers Report





Dr. David's Family Clinic

DR. DAVID MYERS D.O.

1218 E. Hwy. 72 Rolla, Missouri 65401



EXHIBIT

January 4, 2010

RE: Monica Daniel Hutchison
DOB: 2/15/1972

EXHIBIT

Myers 21
Lindsay Benl, CCR
3-16-10
Alpha Reporting Service

To Whom It May Concern:

The following report is in reference to testimony by me, Wm David Myers DO, in the care of Monica Daniel Hutchison VS Texas County, Mr. Michael R. Anderson. In this report I will disclose my qualifications as an expert witness, my opinion of all accusations and my care as the personal physician for Monica Hutchison.

A copy of my curriculum vitae is enclosed. I have no publications. My customary charges during deposition are \$300.00 per hour. Over a career of thirty two years, I have averaged two to three depositions per year. Most of these were in regard to injuries my patients incurred.

The four most recent depositions I have been involved in during 2007-2009 include:

- 1) Patient Lotzer-2007- 42 year old w/f cared for in our local ER for pericardial effusion. During the pericardicentesis, the left ventricle was lacerated. The patient underwent a prolonged resuscitation and extended hospital stay and rehab period and has suffered long term physical and mental injuries. I testified in the patient's behalf in a malpractice suit. Patient's lawyer is Timothy VanRonzelen of Jefferson City, MO. Deposition date April 2008.
- 2) Patient Mares-2007- 47 year old w/f was injured in a MVA on 3/3/04. She suffered a disc injury to her cervical spine. I testified to support her settlement with the insurance company. Patient's layer is Brad Bradshaw MD JD LC Springfield MO
- 3) Patient Myers-2008- 58 year old w/f injured in a MVA 7/15/06. During negotiations with the insurance company, I testified to the injuries she sustained to the cervical spine, chest and right knee. Patient's lawyer name is Rob Bruer Kansas City MO. Deposition was February 2009
- 4) Patient Dodson-2008- 54 year old w/m. Patient was injured in a MVA 3/1/01. I testified in his insurance company settlement to the injuries incurred to his cervical spine. The patient's lawyers names are Mark Moreland St Louis MO (2000) Stephen Daniels Rolla MO and Stephen Bruieggemann St. Louis MO



Dr. David's Family Clinic

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I have cared for Mrs. Hutchison for the past 15 years as her family doctor. In the course of treating her I have reached the following opinions:

- 1) Mrs. Hutchison has suffered since late 2005 through today from medically diagnosable depression-anxiety and insomnia.
- 2) As a result of the severity of the above referenced medical conditions which I have diagnosed, I prescribed medicine, including Xanax

(Alprazolam), for her anxiety, and cymbalta for depression and Rozerem and Hydroxyzine Pamoate for insomnia. She was also prescribed medications for depression by other physicians during that time, including Effexor and Citalopram. If left untreated, anxiety and depression of the severity diagnosed in Mrs. Hutchison's could result in physical harm, such as gastrointestinal issues and chest pain. While necessary, the prescribed medications do have potential side effects and could have an adverse impact on Mrs. Hutchison's health.

- 3) I believe that Mrs. Hutchison's depression, anxiety and insomnia during late 2005 to date was caused by sexual harassment she endured from Mr. Anderson and his actions toward her, including an incident where he showed up at her house in the middle of the night in December 2005, made numerous phone calls to her while on her premises, and banged angrily and threateningly, as perceived by Mrs. Hutchison, on several of her doors; and caused in addition, the embarrassment and humiliation from Mr. Anderson's subsequent public accusations of running a sex ring and misconduct in her job resulted in her leaving her job and moving away.
- 4) Mrs. Hutchison's need for the medication listed above from December 2005 to date is primarily caused and necessitated by Mike Anderson's conduct and harassment described above.

These opinions are based on my observations of Mrs. Hutchison, while acting as her treating physician, as well as events she related to me during the course of her treatment. On several office visits during this time period, Mrs. Hutchison discussed the sexual harassment she has endured from Mr. Anderson, as well as his public accusations of running a sex ring and professional misconduct. At the time she described these events, I was given more details about these incidents and Mr. Anderson's conduct. These appeared to be the major source of stress in her life at that point, and I used these in making the diagnoses and prescribing the medications listed in the records. As I did not memorialize the specific details of the events in my notes, I am unable at this time to



Dr. David's Family Clinic
DR. DAVID MYERS D.O.

1218 E. Hwy. 72 Rolla, Missouri 65401



recall the exact details of the events she described, but I recall the general nature of the incidents described above. Furthermore, it was my opinion that the stress mentioned in the medical records during 2005 to date was the result of the actions of Mr. Anderson which were described to me, and I utilized that information in diagnosing and treating Mrs. Hutchison for depression, anxiety, and occasional insomnia. That remains my opinion today.

Respectfully,

Wm. David Myers D.O.

WM David Myers DO

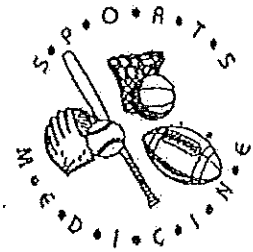
WDM/sm



Dr. David's Family Clinic

DR. DAVID MYERS D.O.

1218 E. Hwy. 72 Rolla, Missouri 65401



WM. DAVID MYERS, D.O. CURRICULUM VITAE

SSN: 496-58-4421

DOB: 12/5/1951

Birth Place: Kirksville MO

PRE-MEDICAL EDUCATION:

Drury College
Springfield MO

Northeast Missouri State University
Kirksville MO
B S Degree 1973

MEDICAL SCHOOL:

Kirksville College of Osteopathic Medicine
Kirksville MO
D O Degree 1976

POSTGRADUATE TRAINING:

AOA Rotating Internship
Charles E Still Hospital
Jefferson City MO
1976-1977

MEDICAL STAFF

MEMBERSHIP:

Auxiliary Staff
Phelps County Regional Medical Center
Rolla MO 1977-to present

CLINICAL PRIVILEGES:

Family Medicine

CERTIFICATIONS:

Board Certified Family Medicine
1994

STATE OF MISSOURI)
COUNTY OF Phelps) ss.

AFFIDAVIT
BUSINESS RECORDS, RSMo. §490.660-692

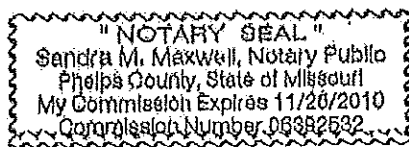
Before me, the undersigned authority, personally appeared Patricia Skaggs, who, being by me duly sworn, deposed as follows:

My name is Patricia Skaggs. I am of sound mind, capable of making this Affidavit, and personally acquainted with the facts herein stated.

I am the custodian of the records of Dr. Wm David Myers, D.O. Attached hereto are 43 pages of records from Dr. Wm David Myers, D.O. These 43 pages of records are kept by Dr. Wm David Myers, D.O., in the regular course of business, and it was the regular course of business of Dr. Wm David Myers, D.O. for an employee or representative of Dr. Wm David Myers, D.O., with knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time of the act, event, condition, opinion or diagnosis. The records attached hereto are the originals or exact duplicates of the originals.

Patricia Skaggs
Affiant

In witness whereof, I have hereunto subscribed my name and affixed my official seal this 19th day of August, 2009.



Sandra M. Maxwell
, Notary Public

(Notary Seal)
My term expires:

8:31AM

Dr. Davids Family Clinic
1218 E Hwy 72
Rolla, MO 65401

08/19/09

Hutchison, Monica
1373 Windle Rd
Cuba, MO 65453

Home Phone: (314) 000-0000
Work Phone: (573) 201-6758
Cell Phone: () -

Acct #: 45062

Date	Description	Chg	Pmt	Adj	Balance
Uti (599.0), Hypert thyroid (242.90)					
11/06/1998	99213 - Level 3 Office Visit	\$35.00			
11/06/1998	81002 - Lab-Ua	\$5.00			
11/07/1998	RP Hutchison, Monica - # 664		\$40.00		
Dr. Myers (WDM) ID# 431016500					
Hutchison, Monica - Responsible for Rec Slip Number 38769					
ROS Office III					
Obesity (278.00)					
03/06/1999	99214 - Level 4 Office Visit	\$40.00			
03/06/1999	RP Hutchison, Monica #372		\$40.00		
Dr. Myers (WDM) ID# 431016500					
Hutchison, Monica - Responsible for Rec Slip Number 40914					
ROS Office III					
Vaginitis (616.10), Obesity (278.00)					
10/08/1999	99214 - Level 4 Office Visit	\$40.00			
10/08/1999	RP Hutchison, Monica		\$40.00		
Dr. Myers (WDM) ID# 431016500					
Hutchison, Monica - Responsible for Rec Slip Number 243619					
ROS Office III					
Uti (465.8)					
12/10/1999	99213 - Level 3 Office Visit	\$38.00			
12/10/1999	RP Hutchison, Monica Copay		\$10.00		
06/08/2000	RP Hutchison, Monica - PAID IN CAPITATION			\$28.00	
Dr. Myers (WDM) ID# 431016500					
Hutchison, Monica - Responsible for Rec Slip Number 285531					
ROS Office III					
Stomatitis (528.0)					
12/31/1999	99212 - Off Visit - Level 2	\$27.00			
12/31/1999	RP Hutchison, Monica Copay #620		\$10.00		
06/08/2000	RP Hutchison, Monica - PAID IN CAPITATION			\$17.00	
Dr. Myers (WDM) ID# 431016500					
Hutchison, Monica - Responsible for Rec Slip Number 29963					
ROS Office III					
Hypothyroidism (244.8)					
02/21/2000	99213 - Level 3 Office Visit	\$43.00			

8:31AM

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Date	Description	Chg	Pmt	Adj	Balance
02/21/2000	RP Hutchison, Monica #691		\$10.00		
10/10/2000	RP Hutchison, Monica - # 176		\$10.00		
06/04/2001	RP Hutchison, Monica - # 116		\$23.00		
Dr. Myers (QMDM) Tax ID: 431116500					
Hutchison, Monica's Responsible for Receipt Number 334078					
ROS Office III					
Obesity (278.00)					
04/27/2000	99401 - Counseling/Risk Factors	\$40.00			
04/27/2000	RP Hutchison, Monica #121		\$40.00		
Dr. Myers (QMDM) Tax ID: 431116500					
Hutchison, Monica's Responsible for Receipt Number 370756					
ROS Office III					
Tonsillitis (463)					
08/15/2000	99213 - Level 3 Office Visit	\$43.00			
08/15/2000	J0530 - Inj-Bicillin 600 Q00/2ml	\$15.00			
08/15/2000	RP Hutchison, Monica #3722		\$58.00		
Dr. Myers (QMDM) Tax ID: 431116500					
Hutchison, Monica's Responsible for Receipt Number 415619					
ROS Office III					
Hypothyroidism (244.8), Obesity (278.00), Herpes Simplex-No Complications (054.9)					
09/30/2000	99401 - Counseling/Risk Factors	\$40.00			
09/30/2000	RP Hutchison, Monica #3758		\$40.00		
Dr. Myers (QMDM) Tax ID: 431116500					
Hutchison, Monica's Responsible for Receipt Number 475186					
ROS Office III					
Hypothyroidism (244.8), Obesity (278.00), Herpes Simplex-No Complications (054.9)					
12/30/2000	99213 - Level 3 Office Visit	\$43.00			
12/30/2000	RP Hutchison, Monica #738		\$10.00		
01/25/2001	BCBS Alliance- # 1986264		\$28.00	\$5.00	
Dr. Myers (QMDM) Tax ID: 431116500					
Hutchison, Monica's Responsible for Receipt Number 528455					
ROS Office III					
Gastroenteritis/Colitis (558.9)					
07/19/2001	99213 - Level 3 Office Visit	\$43.00			
07/19/2001	RP Hutchison, Monica #157		\$10.00		
08/02/2001	BCBS Alliance- # 2195655		\$28.00	\$5.00	

8:31AM

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Date	Description	Chg	Phy	Adj	Balance
Dr. Myers (WDM) ID: 431016500		\$43.00	\$38.00	\$5.00	\$0.00
Hutchison, Monica is Responsible for Rec Slip Number 682875					
ROS Office III					
Depression-Anxiety (300.4)					
09/14/2001	99213 - Level 3 Office Visit	\$43.00			
09/14/2001	RP Hutchison, Monica		\$10.00		
09/28/2001	BCBS Alliance- # 2258418		\$28.00	\$5.00	
Dr. Myers (WDM) ID: 431016500		\$43.00	\$38.00	\$5.00	\$0.00
Hutchison, Monica is Responsible for Rec Slip Number 689067					
ROS Office III					
Dysfunction-Somatic (739.9), Obesity (278.00)					
11/03/2001	99213 - Level 3 Office Visit	\$63.00			
11/03/2001	RP Hutchison, Monica #228		\$10.00		
11/20/2001	BCBS Alliance- # 2314599		\$28.00	\$25.00	
Dr. Myers (WDM) ID: 431016500		\$63.00	\$58.00	\$25.00	\$0.00
Hutchison, Monica is Responsible for Rec Slip Number 719799					
ROS Office III					
Pain-Breast (611.71)					
02/23/2002	99213 - Level 3 Office Visit	\$63.00			
02/23/2002	RP Hutchison, Monica #318		\$10.00		
03/07/2002	BCBS Alliance- # 4416806		\$37.00	\$16.00	
Dr. Myers (WDM) ID: 431016500		\$63.00	\$47.00	\$16.00	\$0.00
Hutchison, Monica is Responsible for Rec Slip Number 780236					
ROS Office III					
Dysfunction-Somatic (739.9)					
05/10/2002	99213 - Level 3 Office Visit	\$63.00			
05/10/2002	98925 - Omt One To Two Body Regions In	\$25.00			
05/10/2002	RP Hutchison, Monica - # 407		\$10.00		
06/03/2002	BCBS Alliance			\$63.00	
08/05/2002	RP Hutchison, Monica - # 486		\$15.00		
Dr. Myers (WDM) ID: 431016500		\$88.00	\$25.00	\$63.00	\$0.00
Hutchison, Monica is Responsible for Rec Slip Number 834960					
ROS Office III					
Bronchitis (490), Stomatitis (528.0)					
08/15/2002	99213 - Level 3 Office Visit	\$63.00			
08/15/2002	RP Hutchison, Monica		\$10.00		

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Date	Description	Chg	Pmt	Adj	Balance
09/03/2002	BCBS Alliance- # 4530873		\$37.00	\$16.00	
	Dr. Myers (MYDM) ID: 431016500	\$63.00	\$17.00	\$16.00	\$0.00
	Hutchison, Monica is Responsible for Rec Slip Number 890616				
	POS Office III				
	Lesion-Skin Neoplasm (238.2)				
08/24/2002	99213 - Level 3 Office Visit	\$63.00			
08/24/2002	17000 - Cauterization-Single Lesion	\$55.00			
08/24/2002	17003 - Cauterization-(2nd-14th E	\$105.00			
08/24/2002	RP Hutchison, Monica #503		\$10.00		
01/25/2003	RP Hutchison, Monica - # 829		\$10.00		
01/07/2003	RP Hutchison, Monica - # 817		\$10.00		
10/02/2002	RP Hutchison, Monica - # 709		\$10.00		
11/01/2002	RP Hutchison, Monica - # 737		\$10.00		
12/04/2002	RP Hutchison, Monica - # 767		\$10.00		
02/21/2003	RP Hutchison, Monica - # 865		\$20.00		
02/22/2003	RP Hutchison, Monica - # 868		\$80.00		
09/09/2002	BCBS Alliance			\$63.00	
	Dr. Myers (MYDM) ID: 431016500	\$223.00	\$160.00	\$63.00	\$0.00
	Hutchison, Monica is Responsible for Rec Slip Number 896610				
	POS Office III				
	Tendonitis-Patellar (726.64), Obesity (278.00)				
01/25/2003	99212 - Off Visit - Level 2	\$45.00			
01/25/2003	RP Hutchison, Monica #829		\$10.00		
02/10/2003	BCBS Alliance- # 1116393		\$24.00	\$11.00	
	Dr. Myers (MYDM) ID: 431016500	\$45.00	\$24.00	\$11.00	\$0.00
	Hutchison, Monica is Responsible for Rec Slip Number 982298				
	POS Office III				
	Rash (782.1)				
05/29/2003	99213 - Level 3 Office Visit	\$63.00			
05/29/2003	RP Hutchison, Monica		\$10.00		
06/13/2003	BCBS Alliance- # 1290786		\$37.00	\$16.00	
	Dr. Myers (MYDM) ID: 431016500	\$63.00	\$17.00	\$16.00	\$0.00
	Hutchison, Monica is Responsible for Rec Slip Number 1050798				
	POS Office III				
	Anxiety State Unspecified (300.00)				
07/09/2003	99213 - Level 3 Office Visit	\$63.00			

8:31AM

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08/19/09

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Cell Phone: () -

Acct #: 45062

Date	Description	CHP	Pmt	Adj	Balance
07/09/2003	RP Hutchison, Monica #1077		\$10.00		
07/24/2003	BCBS Alliance- # 1353598		\$37.00	\$16.00	
Dr. Myers (OVDN) Tax ID: 431016500 Hutchison, Monica is Responsible for Rec Slip Number: 1008576 POS: Office-10					
	Anxiety State Unspecified (300.00)				
10/25/2003	99213 - Level 3 Office Visit	\$63.00			
10/25/2003	RP Hutchison, Monica #1194		\$30.00		
11/12/2003	Cox Health Plans- # 154142		\$33.00		
Dr. Myers (OVDN) Tax ID: 431016500 Hutchison, Monica is Responsible for Rec Slip Number: 1025707 POS: Office-10					
	Sinusitis (461.8)				
04/06/2004	99213 - Level 3 Office Visit	\$63.00			
04/06/2004	RP Hutchison, Monica #781		\$30.00		
04/21/2004	Cox Health Plans- # 167494		\$33.00		
Dr. Myers (OVDN) Tax ID: 431016500 Hutchison, Monica is Responsible for Rec Slip Number: 1204155 POS: Office-10					
	Exam-Annual (V70.0)				
06/24/2004	99395 - Exam-Est-Preventative(18-39)	\$75.00			
06/24/2004	81002 - Lab-Ua	\$5.00			
06/24/2004	RP Hutchison, Monica		\$35.00		
07/14/2004	Cox Health Plans- # 1744298		\$45.00		
Dr. Myers (OVDN) Tax ID: 431016500 Hutchison, Monica is Responsible for Rec Slip Number: 1238054 POS: Office-10					
	Infection-Parotid Gland (527.2)				
08/30/2004	99213 - Level 3 Office Visit	\$63.00			
08/30/2004	J1580 - Inj-Gentamycin 80 Mg	\$15.00			
08/30/2004	RP Hutchison, Monica #985		\$35.00		
11/16/2004	RP Hutchison, Monica - # 877		\$10.00		
09/23/2004	Cox Health Plans- # 97570602		\$33.00		
Dr. Myers (OVDN) Tax ID: 431016500 Hutchison, Monica is Responsible for Rec Slip Number: 1266186 POS: Dr. Davids Family					

8:31AM

Dr. Davids Family Clinic
1218 E Hwy 72
Rolla, MO 65401

08/19/09

Hutchison, Monica
1373 Windle Rd
Cuba, MO 65453

Home Phone: (314) 000-0000
Work Phone: (573) 201-6758
Cell Phone: () -

Acct # 45062

Date	Description	Chg	Prnt	Adj	Balance
Gastroesophageal Reflux (530.81)					
11/16/2004	99213 - Level 3 Office Visit	\$63.00			
11/16/2004	RP Hutchison, Monica #877		\$35.00		
01/24/2005	RP Hutchison, Monica - REARRANGE ACCOUNT			\$-5.00	
12/09/2004	Cox Health Plans- # 186200		\$33.00		
Dr. Myers (WDM) Tax ID: 431016500		\$63.00	\$68.00	\$-5.00	\$0.00
Hutchison, Monica is Responsible for Rec Slip Number 1800818					
ROS: Dr. Davids Family					
Ammenorrhea-Menstruation - Absent (626.0)					
12/27/2004	99213 - Level 3 Office Visit	\$63.00			
12/27/2004	84703 - Lab-Ucg	\$20.00			
12/27/2004	RP Hutchison, Monica #1095		\$30.00		
01/12/2005	Cox Health Plans- # 188834		\$33.00		
01/24/2005	RP Hutchison, Monica - # 1108		\$15.00		
01/24/2005	RP Hutchison, Monica - REARRANGE ACCOUNT			\$5.00	
Dr. Myers (WDM) Tax ID: 431016500		\$63.00	\$78.00	\$-15.00	\$0.00
Hutchison, Monica is Responsible for Rec Slip Number 1816959					
ROS: Dr. Davids Family					
Tendonitis-Patellar (726.64)					
03/03/2005	99213 - Level 3 Office Visit	\$63.00			
03/03/2005	RP Hutchison, Monica #1172		\$35.00		
03/23/2005	Cox Health Plans- # 194288		\$33.00		
09/15/2005	RP Hutchison, Monica - REARRANGE ACCOUNT			\$-5.00	
Dr. Myers (WDM) Tax ID: 431016500		\$63.00	\$68.00	\$-5.00	\$0.00
Hutchison, Monica is Responsible for Rec Slip Number 184426					
ROS: Dr. Davids Family					
Bursitis-Elip (726.5)					
05/09/2005	99213 - Level 3 Office Visit	\$63.00			
05/09/2005	RP Hutchison, Monica #1263		\$30.00		
05/25/2005	Cox Health Plans- # 198789		\$33.00		
Dr. Myers (WDM) Tax ID: 431016500		\$63.00	\$63.00	\$0.00	\$0.00
Hutchison, Monica is Responsible for Rec Slip Number 1876812					
ROS: Dr. Davids Family					
Rash (782.1), Obesity (278.00)					
06/30/2005	99213 - Level 3 Office Visit	\$63.00			
06/30/2005	RP Hutchison, Monica #1312		\$30.00		

8:31AM

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08/19/09

Hutchison, Monica
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Work Phone: (573) 201-6758
Cell Phone: () -

Acct #: 45062

Date	Description	Chg	Crnt	Adj	Balance
07/21/2005	Cox Health Plans- # 202901		\$33.00		
Dr. Myers (WDM) Tax ID: 431016500 Hutchison, Monica is Responsible for Fee Slip Number: 1898215 POS: Dr. Davids Family					
Rash (782.1)					
08/23/2005	99213 - Level 3 Office Visit	\$63.00			
08/23/2005	J1040 - Inj-Depo Medrol 80 Mg	\$15.00			
08/23/2005	RP Hutchison, Monica		\$30.00		
09/01/2005	Cox Health Plans- # 206229		\$33.00		
09/15/2005	RP Hutchison, Monica - # 1372		\$10.00		
09/15/2005	RP Hutchison, Monica - REARRANGE ACCOUNT			\$5.00	
Dr. Myers (WDM) Tax ID: 431016500 Hutchison, Monica is Responsible for Fee Slip Number: 1120000 POS: Dr. Davids Family					
Monilial Dermatitis (112.3), Obesity (278.00)					
05/05/2006	99212 - Off Visit - Level 2	\$45.00			
05/05/2006	RP Hutchison, Monica #1684		\$45.00		
Dr. Myers (WDM) Tax ID: 431016500 Hutchison, Monica is Responsible for Fee Slip Number: 1528785 POS: Dr. Davids Family					
Rash (782.1)					
07/06/2006	99213 - Level 3 Office Visit	\$63.00			
07/06/2006	RP Hutchison, Monica #1755		\$20.00		
07/24/2006	BCBS Mo			\$9.00	
08/14/2006	RP Hutchison, Monica - # 9008		\$34.00		
Dr. Myers (WDM) Tax ID: 431016500 Hutchison, Monica is Responsible for Fee Slip Number: 1552975 POS: Dr. Davids Family					
Rash (782.1)					
07/11/2006	99213 - Level 3 Office Visit	\$63.00			
07/11/2006	RP Hutchison, Monica #1770		\$20.00		
07/27/2006	BCBS Mo			\$9.00	
08/14/2006	RP Hutchison, Monica - # 9008		\$11.00		
09/07/2006	RP Hutchison, Monica - # 1824		\$23.00		

8:31AM

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Work Phone: (573) 201-6758
Cell Phone: () -

Acct #: 45062

Date	Description	Chg	Prnt	Adj	Balance
Dr. Myers (WDM) Tax ID: 431116500		\$63.00	\$63.00	\$9.00	\$0.00
Hutchison, Monica is Responsible for Re-Slip Number: 1555102					
ROS Dr. Davids, R. M. D.					

Pain-Joint (719.40)

07/14/2006	99213 - Level 3 Office Visit	\$63.00			
07/14/2006	RP Hutchison, Monica #1777		\$20.00		
08/04/2006	BCBS Mo			\$9.00	
09/07/2006	RP Hutchison, Monica - # 1824		\$34.00		

Dr. Myers (WDM) Tax ID: 431116500		\$63.00	\$63.00	\$9.00	\$0.00
Hutchison, Monica is Responsible for Re-Slip Number: 1555046					
ROS Dr. Davids, R. M. D.					

Sinusitis (461.8)

07/20/2006	99213 - Level 3 Office Visit	\$63.00			
07/20/2006	J0290 - Inj-Ampicillian Up To 500 Mg	\$15.00			
07/21/2006	RP Hutchison, Monica - # 1778		\$20.00		
08/11/2006	BCBS Mo			\$22.35	
09/07/2006	RP Hutchison, Monica - # 1824		\$35.65		

Dr. Myers (WDM) Tax ID: 431116500		\$78.00	\$78.00	\$22.35	\$0.00
Hutchison, Monica is Responsible for Re-Slip Number: 1559327					
ROS Dr. Davids, R. M. D.					

Obesity (278.00)

09/15/2006	99212 - Off Visit - Level 2	\$45.00			
09/15/2006	RP Hutchison, Monica #1836		\$45.00		

Dr. Myers (WDM) Tax ID: 431116500		\$45.00	\$45.00	\$0.00	\$0.00
Hutchison, Monica is Responsible for Re-Slip Number: 1582101					
ROS Dr. Davids, R. M. D.					

Couns Contraceptive Bcp (V25.01)

02/07/2007	99213 - Level 3 Office Visit	\$68.00			
02/07/2007	RP Hutchison, Monica #2008		\$20.00		
02/23/2007	BCBS Mo			\$14.00	
02/26/2007	RP Hutchison, Monica - # 2027		\$34.00		

Dr. Myers (WDM) Tax ID: 431116500		\$68.00	\$68.00	\$14.00	\$0.00
Hutchison, Monica is Responsible for Re-Slip Number: 1636919					
ROS Dr. Davids, R. M. D.					

Rash (782.1)

02/26/2007	99213 - Level 3 Office Visit	\$68.00			
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8:31AM

Dr. Davids Family Clinic
1218 E Hwy 72
Rolla, MO 65401

08/19/09

Hutchison, Monica
1373 Windle Rd
Cuba, MO 65453

Home Phone: (314) 000-0000
Work Phone: (573) 201-6758
Cell Phone: () -

Acct #: 45062

Date	Description	Chg	Ref	Adj	Balance
02/26/2007	J1040 - Inj-Depo Medrol 80 Mg	\$15.00			
03/19/2007	BCBS Mo			\$18.83	
04/02/2007	RP Hutchison, Monica - # 2076		\$64.17		
Dr. Myers (WVDM) ID: 431116500					
Hutchison, Monica is Responsible for the Slip Number 1045027					
ROS: Dr. Davids Family					
Obesity (278.00)					
04/03/2007	99212 - Off Visit - Level 2	\$50.00			
04/03/2007	RP Hutchison, Monica #2084		\$50.00		
Dr. Myers (WVDM) ID: 431116500					
Hutchison, Monica is Responsible for the Slip Number 1060489					
ROS: Dr. Davids Family					
Pap With Gyn (V72.31), Insomnia (780.52), Anxiety State Unspecified (300.00)					
04/26/2007	99395 - Exam-Est-Preventative(18-39)	\$75.00			
04/26/2007	RP Hutchison, Monica #2111		\$20.00		
10/04/2007	RP Hutchison, Monica - # 306		\$3.00		
05/11/2007	BCBS Mo			\$7.00	
06/05/2007	RP Hutchison, Monica - # 2191		\$10.00		
07/09/2007	RP Hutchison, Monica		\$5.00		
08/24/2007	RP Hutchison, Monica		\$30.00		
Dr. Myers (WVDM) ID: 431116500					
Hutchison, Monica is Responsible for the Slip Number 1060696					
ROS: Dr. Davids Family					
URI (465.8), Bronchitis (490), Hypothyroidism (244.8), Anxiety State Unspecified (300.00)					
07/09/2007	99213 - Level 3 Office Visit	\$68.00			
07/09/2007	RP Hutchison, Monica		\$20.00		
10/18/2007	RP Hutchison, Monica - # 312		\$10.00		
10/04/2007	RP Hutchison, Monica - # 306		\$7.00		
11/14/2007	RP Hutchison, Monica - # 323		\$10.00		
12/03/2007	RP Hutchison, Monica - # 337		\$7.00		
07/26/2007	Bo Bs Of Mo			\$14.00	
Dr. Myers (WVDM) ID: 431116500					
Hutchison, Monica is Responsible for the Slip Number 1094566					
ROS: Dr. Davids Family					
Anxiety State Unspecified (300.00), Obesity (278.00)					
08/23/2007	99213 - Level 3 Office Visit	\$68.00			

8:31AM

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1218 E Hwy 72
Rolla, MO 65401

08/19/09

Hutchison, Monica
1373 Windle Rd
Cuba, MO 65453

Home Phone: (314) 000-0000
Work Phone: (573) 201-6758
Cell Phone: () -

Acct #: 45062

Date	Description	Chg	amt	Adj	Balance
08/23/2007	RP Hutchison, Monica		\$20.00		
12/03/2007	RP Hutchison, Monica - # 337		\$8.00		
04/22/2008	RP Hutchison, Monica - # 1006		\$26.00		
09/14/2007	Bc Bs Of Mo			\$14.00	
Dr. Myers (WDM) Tax ID: 431016500		\$68.00	\$14.00	\$14.00	\$50.00
Hutchison, Monica is Responsible for Rec Slip Number 4712121					
POS: Dr. Davids Inc III					
Lymphadenopathy-Cervical Malg (196.0), Anxiety State Unspecified (300.00)					
11/30/2007	99213 - Level 3 Office Visit	\$68.00			
11/30/2007	RP Hutchison, Monica #337		\$25.00		
01/04/2008	Mercy HMO Claims			\$43.00	
Dr. Myers (WDM) Tax ID: 431016500		\$68.00	\$25.00	\$43.00	\$50.00
Hutchison, Monica is Responsible for Rec Slip Number 4747133					
POS: Dr. Davids Inc III					
Pap With Gyn (V72.31)					
04/22/2008	99212 - Off Visit - Level 2	\$50.00			
04/22/2008	81002 - Lab-Ua	\$5.00			
04/22/2008	RP Hutchison, Monica #1006		\$50.00		
04/22/2008	RP Hutchison, Monica - # 1006		\$5.00		
Dr. Myers (WDM) Tax ID: 431016500		\$55.00	\$55.00	\$30.00	\$50.00
Hutchison, Monica is Responsible for Rec Slip Number 4792215					
POS: Dr. Davids Inc III					
Pain-Neck (723.1), Anxiety State Unspecified (300.00)					
07/28/2008	99212 - Off Visit - Level 2	\$50.00			
07/28/2008	RP Hutchison, Monica #1017		\$50.00		
Dr. Myers (WDM) Tax ID: 431016500		\$50.00	\$50.00	\$30.00	\$50.00
Hutchison, Monica is Responsible for Rec Slip Number 4821994					
POS: Dr. Davids Inc III					
Dub (626.6), Anxiety State Unspecified (300.00)					
12/15/2008	99212 - Off Visit - Level 2	\$50.00			
01/20/2009	RP Hutchison, Monica - # 1020		\$25.00		
03/09/2009	RP Hutchison, Monica - # 605		\$25.00		
Dr. Myers (WDM) Tax ID: 431016500		\$80.00	\$50.00	\$50.00	\$50.00
Hutchison, Monica is Responsible for Rec Slip Number 4873991					
POS: Dr. Davids Inc III					
Bronchitis (490), Obesity (278.00), Anxiety State Unspecified (300.00)					

8:31AM

Dr. Davids Family Clinic
1218 E Hwy 72
Rolla, MO 65401

08/19/09

Hutchison, Monica
1373 Windle Rd
Cuba, MO 65453

Home Phone: (314) 000-0000
Work Phone: (573) 201-6758
Cell Phone: () -

Acct #: 45062

Date	Description	Chg	Pay	Adj	Balance
01/20/2009	99213 - Level 3 Office Visit	\$68.00			
01/20/2009	RP Hutchison, Monica Copay #554		\$20.00		
02/23/2009	Healthlink- # 211214		\$36.76	\$11.24	
Dr. Myers (WDM) Tax ID: 431016500		\$68.00	\$66.76	\$11.24	\$0.00
Hutchison, Monica is Responsible for Rec Slip Number: 4886108					
ROS: Dr. Davids, R. III					
Pain-Hip (719.45), Anxiety State Unspecified (300.00)					
04/14/2009	99213 - Level 3 Office Visit	\$68.00			
04/14/2009	RP Hutchison, Monica Copay #637		\$20.00		
05/19/2009	Healthlink- # 217172		\$36.76	\$11.24	
Dr. Myers (WDM) Tax ID: 431016500		\$68.00	\$66.76	\$11.24	\$0.00
Hutchison, Monica is Responsible for Rec Slip Number: 4920982					
ROS: Dr. Davids, R. III					
Herniated Disc-Lumbar (722.73)					
04/22/2009	99213 - Level 3 Office Visit	\$68.00			
04/22/2009	RP Hutchison, Monica Copay #645		\$20.00		
05/26/2009	Healthlink- # 217524		\$36.76	\$11.24	
Dr. Myers (WDM) Tax ID: 431016500		\$68.00	\$66.76	\$11.24	\$0.00
Hutchison, Monica is Responsible for Rec Slip Number: 4924232					
ROS: Dr. Davids, R. III					
Gastroenteritis/Colitis (558.9), Obesity (278.00)					
06/03/2009	99213 - Level 3 Office Visit	\$68.00			
06/03/2009	RP Hutchison, Monica Copay #687		\$20.00		
07/07/2009	Healthlink- # 220419		\$36.76	\$11.24	
Dr. Myers (WDM) Tax ID: 431016500		\$68.00	\$66.76	\$11.24	\$0.00
Hutchison, Monica is Responsible for Rec Slip Number: 4940014					
ROS: Dr. Davids, R. III					

Total Charges: \$3,127.00
Total Adjustments: \$491.14
Total Insurance Payments: \$773.04
Total Patient Payments: \$1,862.82

PROGRESS NOTES

PROGRESS NOTES		
NAME	PHONE NUMBER	
ADDRESS	SHEET NUMBER	
DATE / PROBLEMS (Number and Brief Description)	FINDINGS (S = Subjective; O = Objective)	TESTS ORDERED and/or PLANNED
<p>06-03-09 WT 160 BP 114/60 P 70 mm LVL green.</p>	<p>Planned to LVL green. pt Saw M. Kupper - MFL 4-5 Spec. No surgery needed. M. Kupper refers pt to Spinal med for PT - (L) groin pain. discuss PT.</p>	
<p>51.5" Lungs F LUN CTA</p>	<p>Ch. 5m raised area (R) & leg - severe discomfort distal thrombosis - occlude now wt ch phenylephrine BMT-27 leg dist tx reversed R of 1-20-09. qd N/V during meal / eating. some diarrhea. no other signs of low fuel G E.</p>	<p>VP Parker 38 back 100 20 phenylephrine F E 6hr m pawent 1 W Thewer.</p>

PROGRESS NOTES

NAME	PHONE NUMBER	
ADDRESS	SHEET NUMBER	
DATE / PROBLEMS (Number and Brief Description)	FINDINGS (S = Subjective; O = Objective)	TESTS ORDERED and/or PLANNED
04/14/09 WT - 167 BP - 110/70 P - 74 mm	% pain Coccyx area X2wk % pain inner thighs bi lat - needs to get up or down X2wks	radwork 7/2/09 X-rays
CS PSUPN hypo c-2A	Urine Angiotensin RX refill H307 q/h. #45 Vistarel Post filled H30-07. Cervical removed 5/1/20-09. No other source of low hct	Xanax 0.5m 1/8 pin #30 Vistarel 25mg 1 @ HS K2
04-22-09 WT 165 BP 112/60 P 72 mm	Lowest MBE Demeter. Reinitiated Aug. at 24-25 25-81. 23-24	re: ortho referral. Vistarel 25mg #80 new Rx. 7/6/09 mm
CS hyperhidrosis KLPN		WJH/pmd
4-22-09	Chesterfield off may 11/45 Dr. Timothy Lukko #314 - Fax 314-747-2598	pt notched in

PROGRESS NOTES

NAME	Monica Dantel Hutchison		PHONE NUMBER	
ADDRESS	Reter Culra		SHEET NUMBER	
DATE / PROBLEMS (Number and Brief Description)	FINDINGS (S = Subjective; O = Objective)		TESTS ORDERED and/or PLANNED	
07-28-08 WT - 158 BP - 128/74 P - 72 CS Thyroid BOLN	C/O knot behind (L) ear x3/days causing neck pain, HA (L) side of head, "painful"		CBC	
T - 97.0	Rx refill anxiety renewed re of 4-22-08 no other source of contact		#45 Xanax 0.5 7.9 8.1 PM	
12/15/08 WT 167 BP 130/70 P 72 T 97.8 CS Thyroid BOLN STAT	C/O "splotchy" in between menstrual cycle. of pain noted w/MP. 11/26/08 x 6-8 days. C/O fatigue, HA LBS 4-2008 44 taking tri-spacer 28 x daily. Endometrial Hyperplasia Rx refill anxiety, renewed re of 7-28-08 no other source of contact		#45 Xanax 0.5 7.9 8.1 PM CBC Ortho Tri-Cyclen 28	
01-20-09 WT 165 BP 130/70 P 80 T 97.2 CS Thyroid BOLN	Cough, chest con, nasal con/day, SOB any rhinorrhea, x10/d. Prostatitis Wt ch BMI - 27 Obesity Rx to start diet tx C/O anxiety Rx refills renewed re of 12-15-08 + 4-22-08 no other source of contact		overexertion 240cc T. succ chm x Vibex 100mg 7.9 8.1 PM Anail 500g IP305 g/may	

PROGRESS NOTES

NAME	PHONE NUMBER	
ADDRESS	SHEET NUMBER	
DATE / PROBLEMS (Number and Brief Description)	FINDINGS (S = Subjective; O = Objective)	TESTS ORDERED and/or PLANNED
11/30/07 WT 157 BP 136/72 P 76	Cl. duct to scalp area (2) side x2 mo. obey Jussus history visited, Annie.	#28 Tri-Spincter 28 as directed. x3
run #10/11 hup c-20.	Re-refered Annie. 4+ school for pap exams removed from of 12-07. Re-start W-200 program Posterior cervical muscles.	#45 Xanax 0.5mg q 80 PM #45 Xanax 0.5mg q 80 PM C3C Vital - 29g #30 rat. 1.2
		W. G. 00.
04-22-08 WT 154 BP 130/70 P 76 CS 36 yd.	Pap / Biopsy exam mean - 24 album 4.5 LPS 4-26-07 Comp 03-30-08 Exp. due LH CL DM I-25 allergy long 90 eyes itchy, dry Abenft Blood - mod Hct - 40 Sp. p - 1.0/0 Fetor - mod Dent - small	mod - BC #28 Tri-Spincter 28 as directed #45 Xanax 0.5mg 1 q 80 PM #45 Xanax 0.5mg 1 q 80 PM #30 Synthroid 75 mg i daily x5 Optivon Proble on direct each eye - 65 Collected in W. 11
UA 5.5 Fg LFN	Re-refered Red 11-30-07. no other source of Cntul	

PROGRESS NOTES

PROGRESS NOTES		
NAME	PHONE NUMBER	
ADDRESS	SHEET NUMBER	
DATE / PROBLEMS (Number and Brief Description)	FINDINGS (S = Subjective; O = Objective)	TESTS ORDERED and/or PLANNED
Monica Daniel Rt 00, mo.		
7/9/07 WT - 156 BP - 128/72 P - 76 T - 98.2 non	C/o cough - non productive chest cough runny nose, scratchy throat X3 office Rx refill Hypertension non	#30 Xanax 0.25 1 q 8 PRN Synthroid 75 mcg Daily + 2
08-23-07 WT - 154 BP - 130/72 P - 74 CS PS (PN) non	90 bi-lat hip pain + bi-lat knee pain Worse @ night Drooping of hips & knees RX refill Discuss w/ loss therapy	#30 Xanax 0.25 1 q 8 PRN #60 EC Naproxen 500 mg + Bid (pc) + 2
hypertension	2000 of birth & men. obesity.	#45 1450000 + 2

PROGRESS NOTES

NAME <u>Monica Daniel</u>		PHONE NUMBER
ADDRESS <u>Rolla</u>		SHEET NUMBER
DATE / PROBLEMS (Number and Brief Description)	FINDINGS (S = Subjective; O = Objective)	TESTS ORDERED and/or PLANNED
04-26-07		
WT 152	Pap / Breast exam	#30 X-ray 0.25M
BP 120/80	prostate exam	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 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818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 847. 848. 849. 850. 851. 852. 853. 854. 855. 856. 857. 858. 859. 860. 861. 862. 863. 864. 865. 866. 867. 868. 869. 870. 871. 872. 873. 874. 875. 876. 877. 878. 879. 880. 881. 882. 883. 884. 885. 886. 887. 888. 889. 890. 891. 892. 893. 894. 895. 896. 897. 898. 899. 900. 901. 902. 903. 904. 905. 906. 907. 908. 909. 910. 911. 912. 913. 914. 915. 916. 917. 918. 919. 920. 921. 922. 923. 924. 925. 926. 927. 928. 929. 930. 931. 932. 933. 934. 935. 936. 937. 938. 939. 940. 941. 942. 943. 944. 945. 946. 947. 948. 949. 950. 951. 952. 953. 954. 955. 956. 957. 958. 959. 960. 961. 962. 963. 964. 965. 966. 967. 968. 969. 970. 971. 972. 973. 974. 975. 976. 977. 978. 979. 980. 981. 982. 983. 984. 985. 986. 987. 988. 989. 990. 991. 992. 993. 994. 995. 996. 997. 998. 999. 1000. 1001. 1002. 1003. 1004. 1005. 1006. 1007. 1008. 1009. 1010. 1011. 1012. 1013. 1014. 1015. 1016. 1017. 1018. 1019. 1020. 1021. 1022. 1023. 1024. 1025. 1026. 1027. 1028. 1029. 1030. 1031. 1032. 1033. 1034. 1035. 1036. 1037. 1038. 1039. 1040. 1041. 1042. 1043. 1044. 1045. 1046. 1047. 1048. 1049. 1050. 1051. 1052. 1053. 1054. 1055. 1056. 1057. 1058. 1059. 1060. 1061. 1062. 1063. 1064. 1065. 1066. 1067. 1068. 1069. 1070. 1071. 1072. 1073. 1074. 1075. 1076. 1077. 1078. 1079. 1080. 1081. 1082. 1083. 1084. 1085. 1086. 1087. 1088. 1089. 1090. 1091. 1092. 1093. 1094. 1095. 1096. 1097. 1098. 1099. 1100. 1101. 1102. 1103. 1104. 1105. 1106. 1107. 1108. 1109. 1110. 1111. 1112. 1113. 1114. 1115. 1116. 1117. 1118. 1119. 1120. 1121. 1122. 1123. 1124. 1125. 1126. 1127. 1128. 1129. 1130. 1131. 1132. 1133. 1134. 1135. 1136. 1137. 1138. 1139. 1140. 1141. 1142. 1143. 1144. 1145. 1146. 1147. 1148. 1149. 1150. 1151. 1152. 1153. 1154. 1155. 1156. 1157. 1158. 1159. 1160. 1161. 1162. 1163. 1164. 1165. 1166. 1167. 1168. 1169. 1170. 1171. 1172. 1173. 1174. 1175. 1176. 1177. 1178. 1179. 1180. 1181. 1182. 1183. 1184. 1185. 1186. 1187. 1188. 1189. 1190. 1191. 1192. 1193. 1194. 1195. 1196. 1197. 1198. 1199. 1200. 1201. 1202. 1203. 1204. 1205. 1206. 1207. 1208. 1209. 1210. 1211. 1212. 1213. 1214. 1215. 1216. 1217. 1218. 1219. 1220. 1221. 1222. 1223. 1224. 1225. 1226. 1227. 1228. 1229. 1230. 1231. 1232. 1233. 1234. 1235. 1236. 1237. 1238. 1239. 1240. 1241. 1242. 1243. 1244. 1245. 1246. 1247. 1248. 1249. 1250. 1251. 1252. 1253. 1254. 1255. 1256. 1257. 1258. 1259. 1260. 1261. 1262. 1263. 1264. 1265. 1266. 1267. 1268. 1269. 1270. 1271. 1272. 1273. 1274. 1275. 1276. 1277. 1278. 1279. 1280. 1281. 1282. 1283. 1284. 1285. 1286. 1287. 1288. 1289. 1290. 1291. 1292. 1293. 1294. 1295. 1296. 1297. 1298. 1299. 1300. 1301. 1302. 1303. 1304. 1305. 1306. 1307. 1308. 1309. 1310. 1311. 1312. 1313. 1314. 1315. 1316. 1317. 1318. 1319. 1320. 1321. 1322. 1323. 1324. 1325. 1326. 1327. 1328. 1329. 1330. 1331. 1332. 1333. 1334. 1335. 1336. 1337. 1338. 1339. 1340. 1341. 1342. 1343. 1344. 1345. 1346. 1347. 1348. 1349. 1350. 1351. 1352. 1353. 1354. 1355. 1356. 1357. 1358. 1359. 1360. 1361. 1362. 1363. 1364. 1365. 1366. 1367. 1368. 1369. 1370. 1371. 1372. 1373. 1374. 1375. 1376. 1377. 1378. 1379. 1380. 1381. 1382. 1383. 1384. 1385. 1386. 1387. 1388. 1389. 1390. 1391. 1392. 1393. 1394. 1395. 1396. 1397. 1398. 1399. 1400. 1401. 1402. 1403. 1404. 1405. 1406. 1407. 1408. 1409. 1410. 1411. 1412. 1413. 1414. 1415. 1416. 1417. 1418. 1419. 1420. 1421. 1422. 1423. 1424. 1425. 1426. 1427. 1428. 1429. 1430. 1431. 1432. 1433. 1434. 1435. 1436. 1437. 1438. 1439. 1440. 1441. 1442. 1443. 1444. 1445. 1446. 1447. 1448. 1449. 1450. 1451. 1452. 1453. 1454. 1455. 1456. 1457. 1458. 1459. 1460. 1461. 1462. 1463. 1464. 1465. 1466. 1467. 1468. 1469. 1470. 1471. 1472. 1473. 1474. 1475. 1476. 1477. 1478. 1479. 1480. 1481. 1482. 1483. 1484. 1485. 1486. 1487. 1488. 1489. 1490. 1491. 1492. 1493. 1494. 1495. 1496. 1497. 1498. 1499. 1500. 1501. 1502. 1503. 1504. 1505. 1506. 1507. 1508. 1509. 1510. 1511. 1512. 1513. 1514. 1515. 1516. 1517. 1518. 1519. 1520. 1521. 1522. 1523. 1524. 1525. 1526. 1527. 1528. 1529. 1530. 1531. 1532. 1533. 1534. 1535. 1536. 1537. 1538. 1539. 1540. 1541. 1542. 1543. 1544. 1545. 1546. 1547. 1548. 1549. 1550. 1551. 1552. 1553. 1554. 1555. 1556. 1557. 1558. 1559. 1560. 1561. 1562. 1563. 1564. 1565. 1566. 1567. 1568. 1569. 1570. 1571. 1572. 1573. 1574. 1575. 1576. 1577. 1578. 1579. 1580. 1581. 1582. 1583. 1584. 1585. 1586. 1587. 1588. 1589. 1590. 1591. 1592. 1593. 1594. 1595. 1596. 1597. 1598. 1599. 1600. 1601. 1602. 1603. 1604. 1605. 1606. 1607. 1608. 1609. 1610. 1611. 1612. 1613. 1614. 1615. 1616. 1617. 1618. 1619. 1620. 1621. 1622. 1623. 1624. 1625. 1626. 1627. 1628. 1629. 1630. 1631. 1632. 1633. 1634. 1635. 1636. 1637. 1638. 1639. 1640. 1641. 1642. 1643. 1644. 1645. 1646. 1647. 1648. 1649. 1650. 1651. 1652. 1653. 1654. 1655. 1656. 1657. 1658. 1659. 1660. 1661. 1662. 1663. 1664. 1665. 1666. 1667. 1668. 1669. 1670. 1671. 1672. 1673. 1674. 1675. 1676. 1677. 1678. 1679. 1680. 1681. 1682. 1683. 1684. 1685. 1686. 1687. 1688. 1689. 1690. 1691. 1692. 1693. 1694. 1695. 1696. 1697. 1698. 1699. 1700. 1701. 1702. 1703. 1704. 1705. 1706. 1707. 1708. 1709. 1710. 1711. 1712. 1713. 1714. 1715. 1716. 1717. 1718. 1719. 1720. 1721. 1722. 1723. 1724. 1725. 1726. 1727. 1728. 1729. 1730. 1731. 1732. 1733. 1734. 1735. 1736. 1737. 1738. 1739. 1740. 1741. 1742. 1743. 1744. 1745. 1746. 1747. 1748. 1749. 1750. 1751. 1752. 1753. 1754. 1755. 1756. 1757. 1758. 1759. 1760. 1761. 1762. 1763. 1764. 1765. 1766. 1767. 1768. 1769. 1770. 1771. 1772. 1773. 1774. 1775. 1776. 1777. 1778. 1779. 1780. 1781. 1782. 1783. 1784. 1785. 1786. 1787. 1788. 1789. 1790. 1791. 1792. 1793. 1794. 1795. 1796. 1797. 1798. 1799. 1800. 1801. 1802. 1803. 1804. 1805. 1806. 1807. 1808. 1809. 1810. 1811. 1812. 1813. 1814. 1815. 1816. 1817. 1818. 1819. 1820. 1821. 1822. 1823. 1824. 1825. 1826. 1827. 1828. 1829. 1830. 1831. 1832. 1833. 1834. 1835. 1836. 1837. 1838. 1839. 1840. 1841. 1842. 1843. 1844. 1845. 1846. 1847. 1848. 1849. 1850. 1851. 1852. 1853. 1854. 1855. 1856. 1857. 1858. 1859. 1860. 1861. 1862. 1863. 1864. 1865. 1866. 1867. 1868. 1869. 1870. 1871. 1872. 1873. 1874. 1875. 1876. 1877. 1878. 1879. 1880. 1881. 1882. 1883. 1884. 1885. 1886. 1887. 1888. 1889. 1890. 1891. 1892. 1893. 1894. 1895. 1896. 1897. 1898. 1899. 1900. 1901. 1902. 1903. 1904. 1905. 1906. 1907. 1908. 1909. 1910. 1911. 1912. 1913. 1914. 1915. 1916. 1917. 1918. 1919. 1920. 1921. 1922. 1923. 1924. 1925. 1926. 1927. 1928. 1929. 1930. 1931. 1932. 1933. 1934. 1935. 1936. 1937. 1938. 1939. 1940. 1941. 1942. 1943. 1944. 1945. 1946. 1947. 1948. 1949. 1950. 1951. 1952. 1953. 1954. 1955. 1956. 1957. 1958. 1959. 1960. 1961. 1962. 1963. 1964. 1965. 1966. 1967. 1968. 1969. 1970. 1971. 1972. 1973. 1974. 1975. 1976. 1977. 1978. 1979. 1980. 1981. 1982. 1983. 1984. 1985. 1986. 1987. 1988. 1989. 1990. 1991. 1992. 1993. 1994. 1995. 1996. 1997. 1998. 1999. 2000. 2001. 2002. 2003. 2004. 2005. 2006. 2007. 2008. 2009. 2010. 2011. 2012. 2013. 2014. 2015. 2016. 2017. 2018. 2019. 2020. 2021. 2022. 2023. 2024. 2025. 2026. 2027. 2028. 2029. 2030. 2031. 2032. 2033. 2034. 2035. 2036. 2037. 2038. 2039. 2040. 2041. 2042. 2043. 2044. 2045. 2046. 2047. 2048. 2049. 2050. 2051. 2052. 2053. 2054. 2055. 2056. 2057. 2058. 2059. 2060. 2061. 2062. 2063. 2064. 2065. 2066. 2067. 2068. 2069. 2070. 2071. 2072. 2073. 2074. 2075. 2076. 2077. 2078. 2079. 2080. 2081. 2082. 2083. 2084. 2085. 2086. 2087. 2088. 2089. 2090. 2091. 2092. 2093. 2094. 2095. 2096. 2097. 2098. 2099. 2100. 2101. 2102. 2103. 2104. 2105. 2106. 2107. 2108. 2109. 2110. 2111. 2112. 2113. 2114. 2115. 2116. 2117. 2118. 2119. 2120. 2121. 2122. 2123. 2124. 2125. 2126. 2127. 2128. 2129. 2130. 2131. 2132. 2133. 2134. 2135. 2136. 2137. 2138. 2139. 2140. 2141. 2142. 2143. 2144. 2145. 2146. 2147. 2148. 2149. 2150. 2151. 2152. 2153. 2154. 2155. 2156. 2157. 2158. 2159. 2160. 2161. 2162. 2163. 2164. 2165. 2166. 2167. 2168. 2169. 2170. 2171. 2172. 2173. 2174. 2175. 2176. 2177. 2178. 2179. 2180. 2181. 2182. 2183. 2184. 2185. 2186. 2187. 2188. 2189. 2190. 2191. 2192. 2193. 2194. 2195. 2196. 2197. 2

PROGRESS NOTES

NAME	PHONE NUMBER	
ADDRESS	SHEET NUMBER	
DATE / PROBLEMS (Number and Brief Description)	FINDINGS (S = Subjective; O = Objective)	TESTS ORDERED and/or PLANNED
02-07-07 WT 164 BP 122/68 P 72 P am	wt check Diet TX Rx refill	#45 Fasting #28 Tri-Sprinter as directed #28
Apr 07	Last fup 2004 - pt will return fup.	
K/LPN		
02-26-07 WT 162 BP 120/64 P 80 P am	yo itching all over body X3/d. allergic Derm. Status itching A/GT + fester. allergic Derm.	symptomatic allergic / food #
Apr 07	yo depression - discuss symptoms diff. allergic dermatitis	symptoms - 50 - daily.
K/LPN		
4/3/07 WT 158 BP 120/68 P 72 P am.	WT loss program Discuss an increase in med. on last. used fester obesity below	45 adipex fester N/A
K/LPN Apr 07		

PROGRESS NOTES

NAME <u>Monica Daniels</u>		PHONE NUMBER
ADDRESS <u>Dickinson</u>		SHEET NUMBER
DATE / PROBLEMS (Number and Brief Description)	FINDINGS (S = Subjective; O = Objective)	TESTS ORDERED and/or PLANNED
07-14-06 WT - 149 BP 128/70 P 80 mm	Revised Ocular (+) ANA hyp CMA	Rheumatology referred.
9/14/06		withheld
4-14-06	Rheumatology Dr. Fay #417 875 3120 Aug 4 1:15 fax 417 875 3124 PR not for 49	
07-20-06 WT - 149 BP - 122/70 P - 74 T - 97.4	X5 days SO Caus hypoad. Chest Cong, nasal Cong sinusitis bronchitis	500mg Amoxicillin Dilut 45 WPH 7 Cervical Emphysema C. claudius withheld
PS LPH		
9/15/06 WT - 150 BP - 122/68 P - 12 mm	WT Loss Program - PT started 150mg T. claudius specialist @ Springfield Dr. Tapp	75 mg withheld
10/15/06 hyp CMA	Obesity	withheld

PROGRESS NOTES

NAME <u>Monica Daniel</u>		PHONE NUMBER
ADDRESS <u>Licking, mo.</u>		SHEET NUMBER
DATE / PROBLEMS (Number and Brief Description)	FINDINGS (S = Subjective; O = Objective)	TESTS ORDERED and/or PLANNED
07-06-06	40 rash on Chin Area	
WT - 148	X 2 wks	
BP - 122/66	anxiety	
P - 68	Rx refill	#30 Xanax
PSUPN		
ANA	monitored down	
Chin area		
		Valltrex
		Zovirax
		W Dugue
7/11/06	40 cont' rash on chin +	
WT - 150	lips	
BP - 128/70	states Zovirax cream	Developing
P - 12	has burning sensation when	referring
	applied	Thyroid nodules
	It has been taking Valltrex	A-N-A
	for relief	metax
	Discuss if labs may be needed	Diphtheria
PSUPN		
		W Dugue
7/11/06	D. Maltus	
	Aug 1. 82%	
	364010-8	
	pt not bed	

PROGRESS NOTES

work

NAME

Monica Daniel

ADDRESS

Licking, Mo.

PHONE NUMBER

417-969-0558

DATE / PROBLEMS

(Number and Brief Description)

FINDINGS (S = Subjective; O = Objective)

SHEET NUMBER

TESTS ORDERED and/or PLANNED

08-23-05

WT 147

BP 120/60

P 72

arm

lung

CZA

90 sores on arms + chest
starting on legs also, some itching.

using mupirocin cream
monoclonal dem
discuss diet needs

obesity

Dem referral.

Prochlorperazine

30 tablets

withheld

08-23-05

Dr. Causey

417 825 3337

Oct 10 2 pm

General Internal Clinic

at Robert R. Daniel

09-16-05

RX refill

#30 Xanax 0.25 mg
8 am
NR

05-05-06

WT 152

BP 120/60

P 72

arm

lung

CZA

90, back clear area, water
disturbance, new itching X 1/2 mo.

RX refill

monoclonal dem.

obesity

Immunology
clean

Referral

30 tablets

#60 E. napsyn
500 mg
2 Bids (pc)
+ 2

withheld

PROGRESS NOTES

PROGRESS NOTES		
NAME	PHONE NUMBER	
ADDRESS	SHEET NUMBER	
DATE / PROBLEMS (Number and Brief Description)	FINDINGS (S = Subjective; O = Objective)	TESTS ORDERED and/or PLANNED
03-03-05 WT 160 BP 124/60 P 72 RR 22	wt ck - Rx Defill On knee pain bi-lat numb for 1/2 hr Go to Rx / L leg weakness when sitting for a while, obesity numbness of inner.	#45 fastin D7 @ 10AM RR. EC Hemo SOD 1/20 CCK
05-09-05 WT 154 BP 124/70 P 72 RR 22 CCK	wt ck obesity Rx Defill Cost to Rx pain bi-lat - 1/20 worse after sitting for a period of time, numbness of inner	#45 fastin D7 @ 10AM RR. EC Hemo SOD 1/20 CCK
06-30-05 WT 150 BP 120/60 P 80	wt ck Rx Defill obesity CK Knot @ Side of neck - derm pain. lost nerves in April - 2 days, pt on ortho num 777 irregular menses since Dec, 2004 Go back yeast infection & smant discharge CK - blisters finger @ hand, itches	#45 fastin D7 @ 10AM RR. EC Hemo SOD 1/20 CCK Ortho 24-600 2.5 Defluor hwylog 8 CCK

W. Th. and D.

Case 6:09-cv-03018-RED Document 207-10 Filed 09/20/10 Page 28 of 59

PROGRESS NOTES

NAME	PHONE NUMBER
ADDRESS	SHEET NUMBER
DATE / PROBLEMS (Number And Brief Description)	FINDINGS (S = Subjective; O = Objective) TESTS ORDERED and/or PLANNED
8/30/04 WT 171 BP 120/68 P 72 RR non	C/O Side of face & ear swollen, Ear pain C/O vaginal area "raw" S - cleaning w/ cream 2 infections of left hip. Moet Refill.
VV:	vaginal. Dawson Dr 200 #45 fastin w/ Thru D.
11-16-04 WT 172 BP 122/78 P 80 RR	% one mid chest pain - (lasts) approx 15-20 min, past 2 mo. increasing while at work. pt has stopped diet med x 2 wks.
hyp CZA.	w/ Thru D.
12-27-04 WT - 173 BP - 124/72 P - 76 RR	% late menses - 3 wks late home preg test - Neg Hypothyroid Req preg test - Results Neg
Chy CZA.	#45 fastin @ 10 AM RR
CH - Ketonuria Spec - 1.025 Blood - mod	RX refill Past thyroid profile 8 months ago - 4-6-04
	w/ Thru D.

PROGRESS NOTES

NAME <i>Monica Daniel</i>		PHONE NUMBER
ADDRESS <i>Licking, Mo.</i>		SHEET NUMBER
DATE / PROBLEMS (Number and Brief Description)	FINDINGS (S = Subjective; O = Objective)	TESTS ORDERED and/or PLANNED
<i>04-06-04</i> <i>WT - 181</i> <i>BP - 110/68</i> <i>P - 70</i> <i>RM</i>	<i>wt loss therapy</i> <i>obesity</i> <i>% allergic rhinitis,</i> <i>cough, x2 wks</i> <i>in 7.</i>	<i>45</i> <i>fasten etc</i> <i>allergo 0</i>
<i>thyroid</i>	<i>Reg Thyroid profile</i>	<i>thyroid profile</i>
	<i>Reg Rx refill - Xanax</i> <i>last filled 10-25-03</i> <i>annex</i>	<i>#30 Xanax</i> <i>1.025 mg</i> <i>29.87 pmm</i> <i>X1</i>
		<i>w/Therapy</i>
<i>06-24-04</i> <i>WT 172</i> <i>BP 118/</i> <i>P 72</i>	<i>Pap / Breast</i> <i>LFS - 04-2003</i> <i>LMP - 05-28-04</i>	<i>#45</i> <i>fasten</i> <i>0-2 @ 10AM</i> <i>#30</i> <i>Xanax 0.125m</i> <i>7.8 pmm</i> <i>#30</i> <i>Guths Novum</i> <i>777</i>
<i>UA - WNL</i> <i>RM</i>	<i>wt check - Rx Refill</i> <i>Breast - wnn</i> <i>refill - wnn</i>	<i>2 day</i> <i>X1/4 day</i>
<i>thyroid</i>	<i>Pap - done</i>	<i>w/Therapy</i>

PROGRESS NOTES

21, 2003

NAME	PHONE NUMBER	
Monica Daniel		
ADDRESS	SHEET NUMBER	
Licking	302-211-1111	
DATE / PROBLEMS (Number and Brief Description)	FINDINGS (S = Subjective; O = Objective)	TESTS ORDERED and/or PLANNED
05-29-03	X 2 months 90 rash on back area itches	206 off 50g
WT ~ 181		2 day
Bp ~ 120/72	Reg thyroid profile	Practolone
P ~ 14	Practolone Derm.	clear
pm		
hyper	Reg amyl	30 9-hyr 25g
		2 day
		W Thru 10/10
07-09-03	WT check	30 fast
WT 171	obese	2:30 10 AM
Bp 116/64	Practolone	not
P 68	CONT 90 rash on back, arms - itches	
		Derm. referral
	(W) 417-967-2029	practolone then
	(H) 513-674-4372	
7-10-03	Rolla Derm	W Thru 10/10
	3644-0122	
	702 E. 10th St.	
	Rolla	
	Aug 7th 4 AM 8:50/A	
	Ins cards	
	4m Twp	
10-25-03	Request RX for Nervous	
WT 173	anxiety	30 Xanax 0.25g
BP 120/70	obese	7:58 hr
P 80 pm		X 1
hyper		30 2000 mg
cont		W Thru 10/10

PROGRESS NOTES

NAME <u>Monica Daniel</u>		PHONE NUMBER
ADDRESS		SHEET NUMBER
DATE / PROBLEMS (Number and Brief Description)	FINDINGS (S = Subjective; O = Objective)	TESTS ORDERED and/or PLANNED
8/24/02 WT 170 BP 135/72 P 88	(1) Mole removal invol. of neck, chest, back. 6cc H ₂ O - cautery - excision. W/D	
1-25-03 WT 179 BP 130/70 P 88	Both knees hurting obesity Refill Fentanyl Wound of breast.	#30 Fentanyl not.
Aug 27A:	Medication Dr. [unclear] Wound of [unclear] Anxious & depressed father passed away December 30th	# 30 Elavil 100mg # 30 Xanax 0.25mg Tpo 8h K1

PROGRESS NOTES

NAME		PHONE NUMBER
ADDRESS		SHEET NUMBER
DATE / PROBLEMS (Number and Brief Description)	FINDINGS (S = Subjective; O = Objective)	TESTS ORDERED and/or PLANNED
2-23-02 WT - refused BP 100/42 P 60	38 y/o. (1) Swollen area on (1) Breast x 1 wk - resolved. Remains tender to touch. Pain no longer in second half of left breast. Mantle (2) present. V.A. I -	None required T. Dargy W. J. H. D. D.
5-10-02 WT - 110 lb BP - 124/72 P - 70	S. Reg. wt. therapy OMT ✓ some moles 1 & 2 on breasts	45 sentinella O.M.T.
RTC - buff	F-11 - Pt. has Dec'd Zoloft #mole. of chest of breast. obese -	W.D. m/f
8-15-02 WT - 171 BP - 108/70 P - 72 T 97.9	90 sore throat, (RT) ear itching, dizziness, - sore inside mouth, diarrhea - body aches - 4 temp, H.A. cough, - 2 am started 4 days ago - worse since last night V.A. 2 & 3 months. 90 yeast infection	venalor Kevan diffuser W.D.
	Neer hyper moultal veg.	

PROGRESS NOTES

NAME	PHONE NUMBER	
ADDRESS	SHEET NUMBER	
DATE / PROBLEMS (Number and Brief Description)	FINDINGS (S = Subjective; O = Objective)	TESTS ORDERED and/or PLANNED
07-19-01 WT 162 BP 120/62 P 88	leg. thyroid profile X2/d N/V, diarrhea	Thyroid profile
2 9/10 -	ch + stress, crying spells, + agitation, tired, diff sleeping, no motivation remediation	Stress management #20 K1
	Co E	2000
	Dementia - Annel	x array 0.25g #30 ÷ q PRN pm. K1.
09-14-01 WT 159 BP 120/60 P 72	Check up related to Stress wants to discuss Cont. meds Rx refill Dep - Annel Pt req. Nexium Script Pt wants to discuss diet therapy wt loss	#30 Zolof 100mg ÷ daily @ HS x1 #30 Xanax 0.25mg ÷ q 8° PRN x1
obese	30 Xanax N/C	30 Xanax 0.25mg ÷ daily x1
11/3/01 WT 157 BP 122/62 P 64	(1) Checkup & Rx obesity	Thyroid 45 Xanax N/C
mm		
high L2d.		Thyroid

PROGRESS NOTES

NAME <u>Monica Daniel</u>		PHONE NUMBER
ADDRESS <u>Houston</u>		SHEET NUMBER
DATE / PROBLEMS (Number and Brief Description)	FINDINGS (S = Subjective; O = Objective)	TESTS ORDERED and/or PLANNED
4/27/00	WT ✓, med RX	30 Bontil SR 105m
BP 120/74	8 bent	na
P 92		
WT 150 #	on	
RTC	hypert...	with thyroid
JAPN		
08-15-00	s. c/o blisters in throat; states	
WT-152 #	starting feeling faint, ureap	
BP 100/60	not @ 12:30pm - pt. sat 1/2 &	
P- 100	then passed out.	Augmentin
T-101.0	Neigle O.I.	P 25.0 B 2.0
RTC	adad states has 1/2 bottle paracet	acc pen 6
TR 1/2	parathesia BLE (OX'S.	Plut IM JAPN
	n f I don	initial #3.
		#30 K.L.
9-30-00	Request WT reduction	W Other D
WT 157		
BP 120/62		
P 60		
12-16-00		
12-30-00	(1) c/o "cold sore" X 1 max.	with 0.023m
WT 166	hypothyroid	in daily
BP 122/60	(2) Check up & refills before section #30	daily
P 62	insurance	2000m Capable.
JAPN	ghost	thyroid profile
hypert...	finger surgery	W Other D

PROGRESS NOTES

NAME <u>Monica Daniel</u>		PHONE NUMBER
ADDRESS <u>Houston</u>		SHEET NUMBER
DATE / PROBLEMS (Number and Brief Description)	FINDINGS (S = Subjective; O = Objective)	TESTS ORDERED and/or PLANNED
10-08-99 WT 155# BP 101/74 P 72	stat discuss yeast infection? diet therapy. infection of vagin ? it began obesity	clean vagina ✓ normal exam 48 pants none
12-10-99 WT 154# BP 108/78 P 70 T 97.9 R/C NBLN	1/0 sore throat ✓ n.i.	W Jager D.D.
12-31-99 WT 153# BP 101/72 P 80 R/C NBLN	discuss thyroid test p/c/c on side of mouth that won't heal. oral Herpes	you have good HLS. 720/20 you have low
2-21-00 WT 153 BP 130-80 P 88	CK thyroid WT OK stomach obesity	#30 Synthroid 0.015 daily #30 Aldipin P + 2 1000 AM W Jager D.D.

PROGRESS NOTES

NAME: Monica Daniel 2-15-77		PHONE NUMBER
ADDRESS: Houston TX		SHEET NUMBER
DATE / PROBLEMS (Number and Brief Description)	FINDINGS (S = Subjective; O = Objective)	TESTS ORDERED and/or PLANNED
11-6-78 C.H. 136 BP - 144/81 P - 46 UA - RTC - OTSA - JPA	S - Rev UTI, pt. believes #33 UTI resolved. Keep thyroid lab mod Rx ut - tr. clumps, mod. blood obv UTZ	Synthroid 0.045 Td collected 9/99 sub 1-1-00 4/5 adnex P.
11-13-98	Unable to reach pt. by phone, mailed notice of abnormal lab to 18230 Brushy Crk, Houston - TX	W Thru
3-6-99 WT 142# BP 116/76 P 88 RTC SKIRMA	S - blisters on tongue & inside mouth X 2 months. C/O irregular periods, spotting. Currently taking BC, & pain Discuss Transderm Scop patches for motion sickness.	Synthroid 0.075mg Td
LPS 4.98 UA - reflex obv D UOZ	9 hypothyroid. karyomycin	adnex 3 adnex out 2-2-00 allerg mandarin trip patches W Thru D.D.

PROGRESS NOTES

NAME	Monica Stiller 2-15-72	PHONE NUMBER
ADDRESS	Daniel	SHEET NUMBER
DATE / PROBLEMS (Number and Brief Description)	FINDINGS (S = Subjective; O = Objective)	TESTS ORDERED and/or PLANNED
11-8-97	DVKA	US renal
4.4.98	S-Pap	DN 222 28
WT-150	LMP-3.15.98	
BP-104/70	LPS-3.22.97	
P-80	Regain - wa -	Recogly
pro	relvri Johnson	WDM 20
RLPH	sup - dco.	
hym	vbery	
6-13-98		
WT 145 - 82 period	WT ✓	
BP 110/68		
D 76	Obesity	45 adyex P
RTC		
u up		
		WDM 20
9.9.98	WT ✓ 90 dysuria	
WT 143	↑ muration taking Sul	
BP 100/72	LMUP	
P 68	Obesity	
T 96.9		45 adyex P.
UA - Trace Protein	J 2 I	
Trace Protein		8 adyex PS
Q. Hanks		Prudon
Q. Hanks		
Q. Bili		WDM 20

1. P-THYROID STIMULATING HORMONE
 2. FREE THYROID HORMONE
 3. FREE THYROID HORMONE
 4. FREE THYROID HORMONE

LABORATORY REPORT



SmithKline Beecham
 Clinical Laboratories

PATIENT NAME [illegible]		PATIENT ID [illegible]		ROOM NO. [illegible]	AGE [illegible]	SEX [illegible]	PHYSICIAN [illegible]
PAGE 1	REQUISITION NO. [illegible]	ACCESSION NO. [illegible]	LAB REF. [illegible]	COLLECTION DATE & TIME [illegible]	LOG-IN DATE [illegible]	REPORT DATE [illegible]	TIME [illegible]
REMARKS							

REPORT STATUS	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
		IN RANGE	OUT OF RANGE			
THYROID PANEL						91
1-2 UPTAKE				%	20-30	
1-4 THYROXINE, TOTAL				mcg/dl	4.5-12.0	
SPEC F-4 THIOU (T2)					4-5.8	
END OF REPORT						

77782000 AREA/ROU STOP: 2050000
 MYERS, WILLIAM DAVID DO
 1218 E HIGHWAY 72
 ROLLA, MO 65401

LABORATORY REPORT

SB SmithKline Beecham
Clinical Laboratories

MICROFILM# 09069416707

PATIENT NAME STILLEY, MONICA		PATIENT ID	ROOM NO.	AGE 22	SEX F	PHYSICIAN MYERS, WILLIAM DAVID
PAGE 1	REQUISITION NO. 5934871	ACCESSION NO. 257826X	LAB REF. #	COLLECTION DATE & TIME 09/06/94 0930	LOG-IN DATE 09/07/94	REPORT DATE 09/07/94
REMARKS						

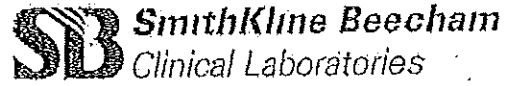
REPORT STATUS	FINAL	TEST	RESULT	UNITS	REFERENCE RANGE	SLT CODE
			IN RANGE	OUT OF RANGE		
CBC, PLATELET CT & DIFF						
* WHITE BLOOD CELL COUNT		6.0			THOUS/MCL	3.8-10.8
* RED BLOOD CELL COUNT		4.45			MILL/MCL	3.90-5.20
* HEMOGLOBIN		13.9			G/DL	12.0-15.6
* HEMATOCRIT		40.2			%	35.0-46.0
* MCV		90.4			FL	90.0-100.0
* MCH		31.3			PG	27.0-33.0
* MCHC		34.6			%	32.0-36.0
* PLATELET COUNT		271			THOUS/MCL	130-400
* ABSOLUTE NEUTROPHILS		3522			CELLS/MCL	1500-7800
* NEUTROPHILS		58.7			%	
* ABSOLUTE LYMPHOCYTES		2068			CELLS/MCL	850-4100
* LYMPHOCYTES		34.8			%	
* ABSOLUTE MONOCYTES		306			CELLS/MCL	200-1100
* MONOCYTES		5.1			%	
* ABSOLUTE EOSINOPHILS		66			CELLS/MCL	50-550
* EOSINOPHILS		1.1			%	
* ABSOLUTE BASOPHILS		18			CELLS/MCL	0-200
* BASOPHILS		0.3			%	
THYROID PANEL						
T-3 UPTAKE		23			%	22-35
T-4 (THYROXINE), TOTAL			14.5 H		MCB/DL	4.5-12.5
FREE T4 INDEX (T7)		3.3				1.4-3.8

>> END OF REPORT <<

OK

3 O Mullwood
 O. DFF
 T day
 Houston Walnut
 X 2

LABOR DRY REPORT



PATIENT NAME		PATIENT ID		ROOM NO.	AGE	SEX	PHYSICIAN
AGE	REQUISITION NO.	ACCESSION NO.	LAB REF #	COLLECTION DATE & TIME		LOG-IN-DATE	REPORT DATE & TIME
REMARKS							

REPORT STATUS	TEST	RESULT	UNITS	REFERENCE RANGE	SITE CODE
		IN RANGE	OUT OF RANGE		
<p>OK notably current at R2C in 3m</p>					
<p>11.9.98 L/m for pt to call office @ 1:35 — JSD</p> <p>11.12.98 L/m for pt to call office @ 9:00 A TELP</p> <p>11.13.98 Unable to reach pt. by phone, mailed notice to 18230 Brushy Crk. Houston, Mo. TELP</p>					

7702000 AREA ROUTE 23 2050000
MYLER, WILLIAM DAVID DO
121A E HIGHWAY 72
POLINA MO 55401

LABORATORY REPORT

SB SmithKline Beecham
Clinical Laboratories

RECEIVED 01/28/96 10:00 AM

PATIENT NAME STILLY, MONICA		PATIENT ID		ROOM NO	AGE 34	SEX F	PHYSICIAN H/RE, WILLIAM DOWDY	
PAGE 1	REQUISITION NO. 1432300	ACCESSION NO. SLR050500	LAB REF #	COLLECTION DATE & TIME 02/23/96		LOG-IN DATE 02/23/96	REPORT DATE 02/27/96	ATIME 210:17M

REMARKS

END 2/26
ACP. VZL.3
3084 491-34-4452

REPORT STATUS	FINAL	TEST	RESULT	UNITS	REFERENCE RANGE	SITE CODE
			IN RANGE	OUT OF RANGE		

PATHOLOGY REPORT

PATHOLOGY NUMBER: LC96040502

CYTOPATH: SYN SMEAR 1
SOURCE:

CERVICAL/VAGINAL

SPECIMEN ADEQUACY:

SATISFACTORY BUT LIMITED BY ABSENCE OF
ENDOCERVICAL COLUMNAR CELLS.

GENERAL CATEGORY:

NORMAL SMEAR

NARRATIVE DESCRIPTION:

WITHIN NORMAL LIMITS

HISTOLOGICAL EVALUATION:

CONSISTENT WITH AGE AND/OR HISTORY.

CYTOLOGIST:

OTLRD

> Reference footnote #1

Footnote 1

THE PAP SMEAR IS NOT A DIAGNOSTIC PROCEDURE AND SHOULD NOT BE USED AS
THE SOLE MEANS TO DETECT CERVICAL CANCER. IT IS ONLY A SCREENING PRO-
CEDURE TO AID IN THE DETECTION OF CERVICAL CANCER AND ITS PRECURSORS.
BOTH FALSE-NEGATIVE AND FALSE-POSITIVE RESULTS HAVE BEEN EXPERIENCED.

>> END OF REPORT <<

72782000 HALL/ROUTE/STW 2050000
 MYLES, WILLIAM DAVID DO
 1310 E HIGHWAY 72
 CHULA, MO 63481

LABORATORY REPORT

SB SmithKline Beecham
 Clinical Laboratories

11-15-98 11:54 AM 10-15-98

PATIENT NAME ST CLERY, UNICA		PATIENT ID	ROOM NO.	AGE DE	SEX F	PHYSICIAN MYERS, WILLIAM D
AGE 1	REGISTRATION NO. 3795136	ACCESSION NO. SL3705891	LAB REP	COLLECTION DATE & TIME 24/04/98	LOG IN DATE 04/05/98	REPORT DATE 04/15/98
REMARKS 1st - 15-98 ROUTINE EXAM PREV. 3-27-97						

15H: 421 04-4400

4th Bad Ph. #, will mail info. Telp

REPORT STATUS FINAL	TEST INRANGE	RESULT OUTOF RANGE	UNITS	REFERENCE RANGE	SITE CODE
------------------------	-----------------	-----------------------	-------	-----------------	-----------

PATHOLOGY REPORT

PATHOLOGY NUMBER: LC98003434

CYTO, AUTO-PAP SMEAR (1)
 SOURCE:

CERVICAL/VAGINAL

SPECIMEN ADEQUACY:

SATISFACTORY FOR EVALUATION.

GENERAL CATEGORY:

OTHER (SEE NARRATIVE REPORT FIELD)

NARRATIVE DESCRIPTION:

NO SQUAMOUS/ENDOCERVICAL EPITHELIAL
 CELL ABNORMALITIES ARE IDENTIFIED.

FUNGI CONSISTENT WITH CANDIDA (YEAST).

AUTOPAP MC

YES

CYTOTECHNOLOGIST:

CTLCAN

* Reference footnote #1

Footnote 1

THE PAP SMEAR IS NOT A DIAGNOSTIC PROCEDURE AND SHOULD NOT BE USED AS
 THE ONLY METHOD TO DETECT CERVICAL CANCER. IT IS ONLY A SCREENING TOOL
 TO AID IN THE DETECTION OF CERVICAL CANCER AND ITS PRECURSORS
 BOTH FALSE-NEGATIVE AND FALSE-POSITIVE RESULTS ARE POSSIBLE.

SEE THE REPORT

*Heat seal
 done
 repeat in
 3 min*

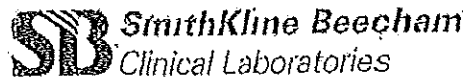


SmithKline Beecham
Clinical Laboratories

PATIENT NAME			PATIENT ID		ROOM NO	AGE	SEX	PHYSICIAN	
AGE	REQUISITION NO	ACCESSION NO.	LAB REF. #	COLLECTION DATE & TIME		CLINICAL DATE		REPORT DATE	& TIME
REMARKS									

[illegible]

LABORATORY REPORT



PATIENT NAME		PATIENT ID		ROOM NO.	AGE	SEX	PHYSICIAN
AGE	REQUISITION NO.	ACCESSION NO.	LAB REF. #	COLLECTION DATE & TIME		LOG-IN DATE	REPORT DATE & TIME
REMARKS							

REPORT STATUS	TEST	RESULT	UNITS	REFERENCE RANGE	SITE CODE
		IN RANGE OUT OF RANGE			

Synthroid 0.75 mg ¹¹⁷ daily

Borderline low

↑ dose to Synthroid 0.1 mg

#30 ¹¹⁷ daily x 2

RTC in 3 mo.

Call to

09.22.00
4mon AM
for pt to call
Office MBPN

pt. notified JALPN
2.22.00

HLWm
Done JALPN
2.22.00

7775000 AREA/ROUTE/1 P: 2050000
 MYERS, WILLIAM DAVID DO
 1213 E HIGHWAY 72
 KULLA, NC 28481 1573

LABORATORY REPORT



Quest
Diagnostics

PATIENT NAME DANIEL, MICHAEL		PATIENT ID		ROOM NO.	AGE 21	SEX F	PHYSICIAN MYERS, WILLIAM D
AGE 1	REQUISITION NO. 18000467	ACCESSION NO. SL215824L	LAB REF. # 473038	COLLECTION DATE & TIME 05/29/03 10:13	LOG IN DATE 05/29/03	REPORT DATE 05/29/03	TIME 7:23AM
REMARKS							

SSN: 491-04-4952

REPORT STATUS	TEST	RESULT	UNITS	REFERENCE RANGE	SVT CODE
		IN RANGE	OUT OF RANGE		
Date of Birth: 02/13/1972					
T-3 UPTAKE	29			28-35	AL
T-4, FREE	1.3			0.8-1.8	3L
TSH	1.04			NIU/L	3L
PREGNANCY:					
FIRST TRIMESTER		0.30-4.30			
SECOND TRIMESTER		0.50-4.00			
THIRD TRIMESTER		0.60-5.20			
>> END OF REPORT -- OMILE, MONICA SL215824L -->>					

OK - notify
 WD
 Wade
 5-30-2003

5/30/03 9:45AM 4/M dr
 Pt. Nathaniel Lw for

7778200 AREA/ROUTE/ST 2050000
MYERS, WILLIAM DAVID DU
1218 E HIGHWAY 72
ROLLA, MO 65401-3938

LABORATORY REPORT



Quest
Diagnostics

PATIENT NAME DANIEL, MONICA	PATIENT ID 674-3880	ACCOUNT NO.	AGE 29	SEX F	DOB 07/19/2001	REF. DATE 07/20/2001	REF. TIME 7:29AM
AGE 1	REQUISITION NO. 9342663	ACCESSION NO. SL366864T	LAB. REF. #	COLLECTOR DATE & TIME 07/19/2001 11:06AM	LOG. DATE 07/20/2001	REF. DATE 07/20/2001	REF. TIME 7:29AM
REMARKS FASTING 16HRS							

SSN: 491-84-4452

REPORT STATUS	TEST	RESULT	UNITS	REFERENCE RANGE	SITE CODE
FINAL	TRIGLYCERIDES	105	MG/DL		SL
Date of Birth: 02/15/1978					
LIPID PANEL					
NORMAL: <150					
BORDERLINE HIGH: 150-199					
HIGH: 200-499					
VERY HIGH: > OR = 500					
	CHOLESTEROL, TOTAL	208 H	MG/DL		SL
DESIRABLE: <200					
BORDERLINE: 200-239					
HIGHER RISK: >239					
	HDL CHOLESTEROL	69	MG/DL		SL
DESIRABLE: > OR = 60					
HIGHER RISK: <40					
RESULTS SHOULD BE INTERPRETED IN CONJUNCTION WITH TOTAL CHOLESTEROL, LDL CHOLESTEROL AND TRIGLYCERIDE LEVELS.					
	LDL-CHOLESTEROL	118 H	MG/DL (CALC)		SL
OPTIMAL: <100					
NEAR OPTIMAL/ABOVE OPTIMAL: 100-129					
BORDERLINE HIGH: 130-159					
HIGH: 160-189					
VERY HIGH: > OR = 190					
	CHOL/HDL C RATIO	3.01	(CALC)	4.42	SL
>> END OF REPORT - DANIEL, MONICA SL366864T <<					

OK - nothing
WJ
Code II
7-21-2001

7-22-2001
light
micro
1/1



Quest
Diagnostics

Quest on Demand™

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 800.669.7525

SPECIMEN INFORMATION
SPECIMEN: SL789649G
REQUISITION: 0001388

PATIENT INFORMATION
DANIEL, MONICA

DOB: 02/15/1972 AGE: 32
GENDER: F
SSN: 491-84-4452
ID:
PHONE: 573-674-4372

REPORT STATUS FINAL

ORDERING PHYSICIAN
MYERS, WILLIAM D

CLIENT INFORMATION
N77782 2050000
MYERS, WILLIAM DAVID DO
1218 E HIGHWAY 72
ROLLA, MO 65401-3938

COLLECTED: 04/06/2004 15:10
RECEIVED: 04/07/2004 04:35
REPORTED: 04/07/2004 07:25

COMMENTS: LAB REF NO: 3684782

Test Name	In Range	Out of Range	Reference Range	Lab
T-3 UPTAKE	28		22-35 %	SL
T-4 (THYROXINE), TOTAL	8.4		4.5-12.5 MCG/DL	SL
FREE T4 INDEX (T7)	2.4		1.4-3.8	SL
TSH	1.62		MIU/L	SL

> 20 YEARS: 0.40-5.50

FOR PREGNANT PATIENTS:

FIRST TRIMESTER 0.30-4.50
SECOND TRIMESTER 0.50-4.60
THIRD TRIMESTER 0.80-5.20

PERFORMING LABORATORY INFORMATION

SL QUEST DIAGNOSTICS-ST. LOUIS, 11635 ADMINISTRATION, ST. LOUIS, MO 63146, Laboratory Director: JEFFREY L. CRAVER, M.D.
CLIA: 26D0652086

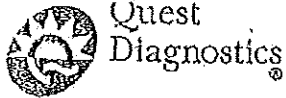
*OK - notify
will it
4-7-2004*

*4-7-04
10am
4m*

*4-8-04
4m
4m*

DANIEL, MONICA - SL789649G

Page 1 - End of Report



Quest on Demand™

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 800.669.7525

SPECIMEN INFORMATION
SPECIMEN: SL842298H
REQUISITION: 9342910

COLLECTED: 06/24/2004
RECEIVED: 06/25/2004 08:19
REPORTED: 06/29/2004 09:53

PATIENT INFORMATION
DANIEL, MONICA

DOB: 02/15/1972 AGE: 32
GENDER: F FASTING: N
SSN: 491-84-4452
ID:
PHONE: 573-674-4372

REPORT STATUS FINAL

ORDERING PHYSICIAN
MYERS, WILLIAM D

CLIENT INFORMATION
N77782 2050000
MYERS, WILLIAM DAVID DO
1218 E HIGHWAY 72
ROLLA, MO 65401-3938

GYNECOLOGICAL CYTOLOGY REPORT

Lab

CYTOLOGY, THINPREP PAP
DEPT ID NUMBER: TC040220039

IA

REPORT STATUS: FINAL

CLINICAL INFORMATION: Routine exam
Oral contraceptives
LMP: 5 28 04
prev. Pap: 4 03

SOURCE: Vagina, Cervix

STATEMENT OF ADEQUACY: SATISFACTORY FOR EVALUATION
Endocervical/transformation zone component absent

INTERPRETATION/RESULT: Negative for intraepithelial lesion or malignancy.
Shift in vaginal flora suggestive of bacterial vaginosis.

CYTOTECHNOLOGIST: MAB, CT(ASCP)

For questions contact Anatomic Pathology Client Services at 314-872-7108

GYNECOLOGICAL CYTOLOGY IS A SCREENING PROCEDURE
SUBJECT TO BOTH FALSE NEGATIVE AND FALSE
POSITIVE RESULTS. IT IS MOST RELIABLE WHEN A
SATISFACTORY SAMPLE IS OBTAINED ON A REGULAR
REPETITIVE BASIS. RESULTS MUST BE INTERPRETED
IN THE CONTEXT OF HISTORIC AND CURRENT CLINICAL
INFORMATION.

PERFORMING LABORATORY INFORMATION

IA QUEST DIAGNOSTICS - ST. LOUIS, 2040 CONCOURSE DRIVE, ST. LOUIS, MO 63146, Laboratory Director: MARIANNE U PREY, MD

DANIEL, MONICA - SL842298H

Page 1 - End of Report



Quest
Diagnostics

Quest on Demand™

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 800.669.7525

SPECIMEN INFORMATION
SPECIMEN: SL139423R
REQUISITION: 0004128
LAB REF: 3296782

COLLECTED: 07/11/2006 15:57
RECEIVED: 07/12/2006 04:04
REPORTED: 07/12/2006 17:24

PATIENT INFORMATION
DANIEL, MONICA

DOB: 02/15/1972 AGE: 34
GENDER: F

ID:
PHONE: 573-674-4372

REPORT STATUS FINAL

ORDERING PHYSICIAN
MYERS, WILLIAM D

CLIENT INFORMATION
N77782 2050000
MYERS, WILLIAM DAVID DO
1218 E HIGHWAY 72
ROLLA, MO 65401-3938

Test Name	In Range	Out of Range	Reference Range	Lab
ANA SCREEN EIA W/REFL TITER IFA				SL

ANA SCREEN	POSITIVE	NEGATIVE
ANA PATTERN	SPECKLED	
ANTI-NUCLEAR ANTIBODIES	> OR 1:1280	TITER

REFERENCE RANGE:
<1:40
1:40 - 1:80
>1:80

NEGATIVE
LOW ANTIBODY LEVEL
ELEVATED ANTIBODY LEVEL

T-3 UPTAKE	28
T-4 (THYROXINE), TOTAL	9.4
FREE T4 INDEX (T7)	2.4
TSH	2.47

> 20 YEARS: 0.40-5.50

FOR PREGNANT PATIENTS:
FIRST TRIMESTER 0.30-4.50
SECOND TRIMESTER 0.50-4.60
THIRD TRIMESTER 0.80-5.20

22-35 %
4.5-12.5 MCG/DL
1.4-3.8
MIU/L

PERFORMING LABORATORY INFORMATION

SL QUEST DIAGNOSTICS-ST. LOUIS, 11636 ADMINISTRATION, MARYLAND HEIGHTS, MO 63146, Laboratory Director: MARIANNE U PREY, MD
CLIA: 26D0652086

DANIEL, MONICA - SL139423R

Page 1 - End of Report



Quest
Diagnostics

Quest on Demand™

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 800.649.7525

PATIENT INFORMATION
DANIEL, MONICA

DOB: 02/15/1972 AGE: 35
GENDER: F FASTING: U

ID:
PHONE: 573-426-4299

REPORT STATUS FINAL

ORDERING PHYSICIAN
MYERS, WILLIAM D

CLIENT INFORMATION
N77782 2050000
MYERS, WILLIAM DAVID DO
1218 E HIGHWAY 72
ROLLA, MO 65401-3938

SPECIMEN INFORMATION
SPECIMEN: SL669907V
REQUISITION: 1263987

COLLECTED: 04/26/2007
RECEIVED: 04/30/2007 05:23
REPORTED: 04/30/2007 11:08

GYNECOLOGICAL CYTOLOGY REPORT

Lab

CYTOLOGY, THINPREP PAP
DEPT ID NUMBER: TC070116792

IA

REPORT STATUS: FINAL

CLINICAL INFORMATION: Normal exam
Oral contraceptives
LMP: 4/17/07
prev. Pap: 6/24/04

SOURCE: Information not provided

STATEMENT OF ADEQUACY: Satisfactory for evaluation.
Endocervical/transformation zone component present.

INTERPRETATION/RESULT: Negative for intraepithelial lesion or malignancy.
Shift in vaginal flora suggestive of bacterial vaginosis.

CYTOTECHNOLOGIST: MAB, CT (ASCP)

For questions contact Anatomic Pathology Client Services at 314-872-7108

GYNECOLOGICAL CYTOLOGY IS A SCREENING PROCEDURE
SUBJECT TO BOTH FALSE NEGATIVE AND FALSE
POSITIVE RESULTS. IT IS MOST RELIABLE WHEN A
SATISFACTORY SAMPLE IS OBTAINED ON A REGULAR
REPETITIVE BASIS. RESULTS MUST BE INTERPRETED
IN THE CONTEXT OF HISTORIC AND CURRENT CLINICAL
INFORMATION.

*OK 2007
WDR
WDR*

4-30-07

*930
45/01/07
WDR
WDR*

PERFORMING LABORATORY INFORMATION

IA QUEST DIAGNOSTICS - ST. LOUIS, 2040 CONCOURSE DRIVE, MARYLAND HEIGHTS, MO 63144, Laboratory Director: DR WILLIAM DEPOND
CLIA: 26D0652092

DANIEL, MONICA - SL669907V

Page 1 - End of Report



Quest
Diagnostics

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 800.669.7525

SPECIMEN INFORMATION
SPECIMEN: SL805305B
REQUISITION: 9513963

COLLECTED: 04/22/2008
RECEIVED: 04/23/2008 04:00
REPORTED: 04/25/2008 15:14

Quest on Demand™

PATIENT INFORMATION
DANIEL, MONICA

DOB: 02/15/1972 AGE: 36
GENDER: F FASTING: U

ID: 491844452
PHONE: 573-885-9916

REPORT STATUS FINAL

ORDERING PHYSICIAN
MYERS, WILLIAM D

CLIENT INFORMATION
N77782 2050000
MYERS, WILLIAM DAVID DO
1218 E HIGHWAY 72
ROLLA, MO 65401-3938

GYNECOLOGICAL CYTOLOGY REPORT

Lab

IA

CYTOLOGY, THINPREP PAP
DEPT ID NUMBER: TC080129745

REPORT STATUS: FINAL

CLINICAL INFORMATION: Normal exam
Oral contraceptives
LMP: 3 30 08
prev. Pap: 4 26 07
prev. Bx.: INFORMATION NOT PROVIDED

SOURCE: Information not provided

STATEMENT OF ADEQUACY: Satisfactory for evaluation.
Endocervical/transformation zone component absent.

INTERPRETATION/RESULT: ~~Negative for intraepithelial lesion or malignancy.~~
Fungal organisms morphologically consistent with
Candida spp.

CYTOTECHNOLOGIST: JET, CT(ASCP)
LAM, CT(ASCP)

For questions contact Anatomic Pathology Client Services at 314-872-7108

PERFORMING LABORATORY INFORMATION

IA QUEST DIAGNOSTICS - ST. LOUIS, 2040 CONTOURSE DRIVE, MARYLAND HEIGHTS, MO 63141. Laboratory Director: WILLIAM DEPOND, MD
CLIA: 26D0652092

745
4/28/08
11:30 AM
11:04 AM
ST

Subline 1508
#1
in ducts x/
coch =
W
4-28-08

DANIEL, MONICA - SL805305B

Page 1 - End of Report



Quest
Diagnostics

Quest on Demand™

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 800.669.7525

PATIENT INFORMATION
DANIEL, MONICA

DOB: 02/15/1972 AGE: 36
GENDER: F

ID:
PHONE: 573-201-6758

REPORT STATUS FINAL

ORDERING PHYSICIAN
MYERS, WILLIAM D

CLIENT INFORMATION
N77782 2050000
MYERS, WILLIAM DAVID DO
1218 E HIGHWAY 72
ROLLA, MO 65401-3938

SPECIMEN INFORMATION
SPECIMEN: ST322792D
REQUISITION: 0006801
LAB REF: 66389

COLLECTED: 07/28/2008 10:39
RECEIVED: 07/29/2008 05:12
REPORTED: 07/29/2008 07:32

Test Name	In Range	Out of Range	Reference Range	Lab
CBC (INCLUDES DIFF/PLT)				KS
WHITE BLOOD CELL COUNT	5.1		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.13		3.80-5.10 Million/uL	
HEMOGLOBIN	13.4		11.7-15.5 g/dL	
HEMATOCRIT	39.9		35.0-45.0 %	
MCV	96.7		80.0-100.0 fL	
MCH	32.4		27.0-33.0 pg	
MCHC	33.5		32.0-36.0 g/dL	
RDW	14.2		11.0-15.0 %	
PLATELET COUNT	301		140-400 Thousand/uL	
ABSOLUTE NEUTROPHILS	2703		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2045		850-3900 cells/uL	
ABSOLUTE MONOCYTES	260		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	71		15-500 cells/uL	
ABSOLUTE BASOPHILS	20		0-200 cells/uL	
NEUTROPHILS	53.0		%	
LYMPHOCYTES	40.1		%	
MONOCYTES	5.1		%	
EOSINOPHILS	1.4		%	
BASOPHILS	0.4		%	

OK
noted
WDR
code #
7-29-08

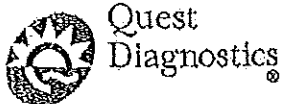
PERFORMING LABORATORY INFORMATION

KS QUEST DIAGNOSTICS LENEXA, 10101 RENNER BLVD, LENEXA, KS 66219-9752, Laboratory Director: WILLIAM DEPOUD, MD
CLIA: 17D0648226

7/29/08
checked
SD

DANIEL, MONICA - ST322792D

Page 1 - End of Report



Quest on Demand™

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 866.275.8290

SPECIMEN INFORMATION
SPECIMEN: KS238115A
REQUISITION: 0007293
LAB REF: 66389

PATIENT INFORMATION
HUTCHISON, MONICA

DOB: 02/15/1972 AGE: 36
GENDER: F

ID:
PHONE: 573.201.6758

REPORT STATUS FINAL

ORDERING PHYSICIAN
MYERS, WILLIAM D

CLIENT INFORMATION
N77782 2050000
MYERS, WILLIAM DAVID DO
1218 E HIGHWAY 72
ROLLA, MO 65401-3938

COLLECTED: 12/15/2008 14:07
RECEIVED: 12/16/2008 00:52
REPORTED: 12/16/2008 07:33

COMMENTS: AN UPDATE OR CORRECTION HAS BEEN MADE TO NAME

Test Name	In Range	Out of Range	Reference Range	Lab
CBC (INCLUDES DIFF/PLT)				IA
WHITE BLOOD CELL COUNT	5.5		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.16		3.80-5.10 Million/uL	
HEMOGLOBIN	13.6		11.7-15.6 g/dL	
HEMATOCRIT	39.2		35.0-45.0 %	
MCV	94.1		80.0-100.0 fL	
MCH	32.7		27.0-33.0 pg	
MCHC	34.7		32.0-36.0 g/dL	
RDW	12.9		11.0-15.0 %	
PLATELET COUNT	255		140-400 Thousand/uL	
ABSOLUTE NEUTROPHILS	3207		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	1793		850-3900 cells/uL	
ABSOLUTE MONOCYTES	440		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	39		15-500 cells/uL	
ABSOLUTE BASOPHILS	22		0-200 cells/uL	
NEUTROPHILS	58.3		%	
LYMPHOCYTES	32.6		%	
MONOCYTES	8.0		%	
EOSINOPHILS	0.7		%	
BASOPHILS	0.4		%	

OK
notify
WDM
update
12-16-08

PERFORMING LABORATORY INFORMATION

IA QUEST DIAGNOSTICS - ST. LOUIS; 2040 CONOURSE DRIVE, MARYLAND HEIGHTS, MO 6314., Laboratory Director: WILLIAM ESPOND, MD
CLIA: 26D0652092

12/16/08
Notified
Ctri

HUTCHISON, MONICA - KS238115A

Page 1 - End of Report

Rolla radiology group

1212 Highway 72, Rolla, MO 65401
(573) 426-6071

Patient Name: HILLIS, MARY
DOB: 02-15-1972
MRN: 516974
Accession: 01156780 Completed: 04-14-2009
Exam: L21081 CR, spine, lumbosacral, two or three views

WILLIAM D MYERS, D.O.
1218 HWY 72E
ROLLA MO 65401

Exam: Lumbar spine, three views

HISTORY: Low back pain

Vertebral body heights well maintained. Minimal osteophytosis mid and upper lumbar spine. Degenerative disc narrowing at L5-S1. S1 joints symmetric and unremarkable.

OPINION: Degenerative disc narrowing at L5-S1.

Minimal osteophytosis mid and upper lumbar spine.

No acute change identified.

Thank you for your referral.

Electronically approved by: CRAIG W. WILLIAMS, M.D.

Notified
rec: mcz
WDM
weber
4-18-09

4-15-09
Notified
SM

Rolla radiology group

1212 Highway 72, Rolla, MO 65401
(573) 426-6071

Patient Name: HILL, THOMAS, M.D.
DOB: 02-15-1972
MRN: 516074
Accession: 00157028 Completed: 04-21-2009
Exam: T2-IR MR, spinal canal, lumbar, w/o contrast

WILLIAM D. MYERS, D.O.
1218 HWY 72E
ROLLA MO 65401

MRI lumbar spine without contrast 04/21/2009

Clinical information: Low back pain and bilateral hip pain.

Comparison: Lumbar radiographs dated 04/14/2009 are reviewed.

TECHNIQUE: Sagittal and axial T1 and T2-weighted imaging, sagittal STIR and coronal T2-weighted sequences were performed on a low field, open magnet.

FINDINGS: The conus medullaris is normal in location and morphology terminating at the T12-L1 vertebral body level. The lumbar vertebral bodies are normal in height, AP alignment and intrinsic marrow signal intensity. There is mild loss of intervertebral disc height at L5-S1. There is L4-L5 and L5-S1 disc desiccation. There is no compression deformity or abnormal marrow edema.

At the L3-L4 level, there is a minimal disc bulge. There is a tiny central disc protrusion. There is no central spinal canal stenosis. There is bilateral minor inferior foraminal encroachment by bulging disc without foraminal stenosis.

At the L4-L5 level, there is a diffuse disc bulge. There is a modest sized broad-based right paracentral disc protrusion which demonstrates minor mass effect upon the right ventral thecal sac. Protruding disc appears to contact the right L5 nerve root. T2 hyperintense posterior annular signal suggests an annular fissure. There is mild to moderate bilateral foraminal stenosis due to bulging disc.

At the L5-S1 level, there is a minimal disc bulge. There is a small central disc protrusion which contacts the medial aspect of both S1 nerve roots. There is no significant central spinal canal stenosis. There is no overt foraminal stenosis.

Impression:

1. Broad-based right L4-L5 paracentral disc protrusion demonstrates minor mass effect upon the right ventral thecal sac and contacts the right L5 nerve root. There is an associated T2 hyperintense posterior annular fissure.
2. Small central disc protrusion at L5-S1 contacts the medial S1 nerve roots. There is no nerve root displacement or canal stenosis.
3. Mild to moderate bilateral L4-L5 foraminal stenosis due to bulging disc.
4. Tiny central disc protrusion at L3-L4 does not cause canal stenosis.

notify
room to discuss

WDR code #

HUTCHISON, MONICA

MR, spinal canal; lumbar; w/o
contrast

04/21/2009

Thank you for your referral.

Electronically approved by: ANDREW L. WEST, M.D.
Neuroradiology



1212 Highway 72, Rolla, MO 65401
(573) 426-6071

Patient Name: HUTHSON, M. & P.A.
DOB: 02-15-1972
MRN: 516074
Accession: 01156781 Completed: 10-1-1 2009
Exam: 3510 - R hips, unilateral, minimum of two views

WILLIAM D. MYERS, D.O.
1218 HWY 72E
ROLLA MO 65401

Exam: Left hip, two views

HISTORY: Hip pain

Bone alignment and mineralization are within normal limits. Joint spaces are well maintained. No fracture or subluxation seen.

OPINION:

Within normal limits.

Thank you for your referral.

Electronically approved by: CRAIG W. WILLIAMS, M.D.

77782000 AREA/ROUTE/S: 2050000
MYERS, WILLIAM DAVID L
1210 E HIGHWAY 72
ROLLA, MO 65401

LABORATORY REPORT

SB SmithKline Beecham
Clinical Laboratories

MICROFILM# 06229414609

PATIENT NAME STILLEY, MONICA		PATIENT ID		ROOM NO.	AGE 22	SEX F	PHYSICIAN MYERS, WILLIAM DAVID	
AGE 1	REQUISITION NO. 5500898	ACCESSION NO. 757869W	LAB REF. #	COLLECTION DATE & TIME 06/22/94 1645		LOG IN DATE 06/23/94	REPORT DATE 06/23/94	& TIME 7:53AM
REMARKS								

REPORT STATUS	TEST	RESULT	UNITS	REFERENCE RANGE	SIT CODE
FINAL		IN RANGE	OUT OF RANGE		
THYROID PANEL					
	T-3 UPTAKE	21. L	%	22-35	SL
	T-4 (THYROXINE), TOTAL	10.3	MCQ/DL	4.5-12.5	
	FREE T-4 INDEX (T7)	2.2		1.4-3.8	

>> END OF REPORT <<

how normal
n to 100mg
20mg will last to
(get out) - take to
pt
on lab
please notify